

## Membership Form

<b>First Name:</b>	<b>Surname:</b>
<b>Address:</b>	
<b>Town:</b>	<b>Post Code:</b>
<b>Telephone No Home:</b>	<b>Mobile:</b>

<b>Are you employed;</b>	<b>Full time:</b>	<b>Part time:</b>	<b>Sessional:</b>
<b>Other Establishment employed/visiting:</b>			
<b>Contracted hours:</b>		<b>Sessional Hours:</b>	

<b>Establishment Name:</b>	<b>Private/Public:</b>	<b>Category:</b>
<b>Office Tel No:</b>	<b>VPN:</b>	<b>Ext:</b>
<b>Work email :</b>		
<b>*Private email (optional):</b>		

<b>Membership fee:</b> <b>(Please tick)</b>	<b>1-9 hours</b> <b>£5.00:</b>	<b>10-19 hours</b> <b>£10.00:</b>	<b>20+ hours</b> <b>£15.00:</b>
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"I hereby give my consent that MCA store this data and circulate only to RA's and Executive Committee members for MCA use" Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Send completed form to: **Muslim Chaplains' Association, PO Box 786, Staines, TW18 9BU**

# Standing Order Mandate

To the manager:

Bank/Building society:
Full Address:
Postcode:

Name(s) of account holder(s):

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Sort Code

Account Number

Date of 1<sup>st</sup> Payment

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## Payment details

After the date of the 1<sup>st</sup> payment, Please debit this amount on the 5<sup>th</sup> of April **every year**

Amount in words

Amount

Frequency

	£	Annually – every 5 <sup>th</sup> of April
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Signature:

Date:

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Please debit my account the sum mentioned below and pay Muslim Chaplains' Association. I understand that this instruction may remain with the Muslim Chaplains' Association and, if so, details will be passed to my Bank/Building Society.

## Beneficiary details:

Name:	Muslim Chaplains' Association			
Bank:	Lloyds TSB Ltd – Newton Abbot Branch			
Sort code	3 0 - 9 6 - 0 6	Account Number	0 0 1 7 4 4 0 9	
Charity Number:	1128542	-	Company Number:	06591342

Send completed form to: **Muslim Chaplains' Association, PO Box 786, Staines, TW18 9BU**