

'FRIENDS' Application Form



I/We* wish to become a Friend of the Festival Drayton Centre commencing:

1st _____ 20_____

First Applicant

Title _____ First Name _____ Surname _____

Second Applicant (Joint Membership only - two people residing at the same address.)

Title _____ First Name _____ Surname _____

Address _____

Postcode _____

Telephone Number _____ Email _____

I would like to pay my subscription by:

Direct Debit Annually

Cheque Annually

Cash/Debit Card Annually

Please make cheques payable to
'The Festival Drayton Centre'

By joining friends you will be playing your part in the ongoing success and the secure future of our theatre by enhancing community ownership and by contributing an affordable annual subscription. In return for your loyal support, you will receive various discounts and benefits that will be unique to 'Friends'! "Thank you"

Please return the completed form to:
'Friends', Festival Drayton Centre, Frogmore Rd, Market Drayton, Shropshire TF9 3AX

Direct Debit Mandate

To:

The Manager _____ Bank/Building Society

Account Number:

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Sort Code:

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Please pay:

Lloyds TSB Bank Plc, Market Drayton (301539) Branch, PO Box 1000, BX1 1LT

The sum of £_____ (twenty/twelve pounds*) per annum commencing 1st _____ until further notice for the credit of 'The Festival Drayton Centre'.

Account Number:

0	5	1	1	1	4	3
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Sort Code:

3	0	1	5	3	9
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Quoting Reference Number[‡]

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Name: _____

Address: _____

Postcode _____

Signature: _____

*Delete as appropriate.

[‡]Friends' membership number - issued on acceptance