## 'FRIENDS' Application Form

	I/We* wish	to become a Friend of the Fe	stival Drayton Cent	tre commencing: 🚄	
	1st	20		7.7	
	Single Mem	Single Membership - £12.00			
	Title	First Name	Surname		
	Joint Membe	Joint Membership (Two people residing at the same address.) - £20.00			
	Title	First Name	Surname		
	Title	First Name	Surname		
	Address				
	Postcode				
	Telephone N	Telephone Number		Email	
	I would like to pay my subscription by:  Please make cheques payable to  'The Festival Drayton Centre'		Standing Order Annually Cheque Annually Debit/Credit Card Annually Cash Annually		
	Please tick if you are happy with the statement	I understand my details will only be used to contact me about my 'Friends' membership as detailed in the Centre's privacy notice		Today's Date and Signature	
To:		estival Drayton Centre, Frogn	(Please complete A		
<u> </u>		Bank/Building Society		Account Number:	
	words)	t, Market Drayton, Shropshire TF9 commencing 1st		il further notice for the	
Account Number:    0   0   5   1   1   1	4 3	Sort Code:           3         0         1         5         3         9	Quoting refe	rence number <sup>‡</sup>	
			Signature		
Account Name	000000000000000000000000000000000000000	<u> </u>	X	<u> </u>	
L					

Date

Name of account