

STANDING ORDER AUTHORITY
Old Aldenhamian Society, Voluntary Membership Subscription

Full Name: _____

Address: _____

_____ **Postcode** _____

Telephone No. _____ **Email:** _____

I would like to make a Voluntary Membership Subscription to the
Old Aldenhamian Society of £ _____ **each year.**

Starting on (date at least one month ahead): _____

until further notice **OR** for a period of: _____ years

Your Bank Details

Name(s) of account Holder(s): _____

Bank name: _____

Bank full address: _____

_____ **Postcode** _____

Account no: _____ **Sort Code:** / /

Please Pay:

Name: Old Aldenhamian Society

Bank: National Westminster Bank PLC

*Branch:

*Account No:

*Sort Code:

***(To be completed by the OA Society)**

Please debit my/our account accordingly.

Signature: _____ Date: _____

For OA Office and Bank use only

Bank please quote as Ref: _____

Please return the completed form to:
Old Aldenhamian Office, Aldenham School, Elstree, Herts WD6 3AJ