

**I WISH TO BECOME A MEMBER/RENEW MY MEMBERSHIP*
OF THE WHEATHAMPSTEAD PATIENT PARTICIPATION
GROUP** (*DELETE AS APPROPRIATE)

NAME.....

PHONE NO

EMAIL ADDRESS
.....

HOME ADDRESS
.....
.....
.....

I enclose £5 annual membership per **household**.

Please tick - standing order mandate/cheque/cash

Signature.....

Date

Your signature confirms that you agree to the WPPG holding your details on file for the duration of your membership.

Please 'post' completed form, in a sealed envelope, in the red box on the Surgery wall marked Patient Participation Group. Alternatively mail to: ***Patient Participation Group, The Village Surgery, Marford Road, Wheathampstead, AL4 8BT***

NB In order to keep our records up to date at all times please inform the Treasurer of any future changes in your personal details by telephoning **01582 833628** or by email: david.c.law@btinternet.com

**WHEATHAMPSTEAD PPG
STANDING ORDER MANDATE**

Please note that this supersedes any previous order

To:
(Name of your Bank/Building Society)

Address:.....
.....

..... Post Code:

Please pay to: Barclays Bank, 16-18 St Peters St, St Albans, AL3 4DZ
Beneficiary: Wheathampstead PPG, Sort Code: 20-74-09, A/C No: 13938921

The sum of £5.00 Amount in words Five Pounds only

Onand on the 1st April each year thereafter.
(Date of 1st Payment – please leave blank)

Reference to be quoted:
(Your Initials and Surname)

Your Account Name to be debited:

Your Account Number: **Sort Code:**

Signature(s) of Account Holder(s):
.....

Date:

Address:
.....

..... **Post Code:**