

APPLICATION FORM FOR MEMBERSHIP

EFFECTIVE 1ST JANUARY – 31ST DECEMBER - PLEASE COMPLETE IN BLACK INK AND CAPITALS



YOUR DETAILS

Title: Mr / Mrs / Miss / Other

Surname: **Forename(s):**

If farmer / grower, please tick appropriate box: Arable Livestock Mixed Dairy

Second Applicant(s) (For Joint / Family Memberships Only) - **Title:** Mr / Mrs / Miss / Other

Surname: **Forename(s):**

Children's Names (For Family Membership) (1) (2)

Date(s) of Birth: First Applicant Second Applicant

Child (1) Child (2)

Address:




..... **Postcode:**

Telephone Number: **Email:**

MEMBERSHIP CATEGORY (Please Tick Appropriate Box) - **Save 10% By Direct Debit**

- | | | |
|---|---|---|
| Individual | <input type="checkbox"/> £40.50 | <input type="checkbox"/> £37.00 by Direct Debit |
| Joint | <input type="checkbox"/> £61.00 | <input type="checkbox"/> £56.00 by Direct Debit |
| Family (2 Adults, 2 Children up to 18) | <input type="checkbox"/> £74.00 | <input type="checkbox"/> £67.00 by Direct Debit |
| Junior (Up to 18) | <input type="checkbox"/> £12.50 | <input type="checkbox"/> £11.50 by Direct Debit |
| Student (18 – 21 Inclusive) | <input type="checkbox"/> £21.00 | <input type="checkbox"/> £19.00 by Direct Debit |
| Individual Life | <input type="checkbox"/> £550 (One Payment) | |
| Joint Life | <input type="checkbox"/> £810 (One Payment) | |

METHOD OF PAYMENT (Please Tick)

<input type="checkbox"/>	Cheque (made payable to 'East of England Agricultural Society')
<input type="checkbox"/>	Card – Please debit my <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  total amount as stated above
Card Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Expiry Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> Valid From: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> Issue No. (Switch Only) <input type="text"/> <input type="text"/>	
Cardholder's Signature:	
<input type="checkbox"/>	Direct Debit (Direct Debit form to be completed and returned with this application form)

HOW DID YOU FIND OUT ABOUT BECOMING A MEMBER OF THE SOCIETY? (Please Tick)

- | | | | | | |
|------------------------|--------------------------|-------------------|--------------------------|----------------------|--------------------------|
| Brochure | <input type="checkbox"/> | Press Advertising | <input type="checkbox"/> | Society Event / Show | <input type="checkbox"/> |
| TV | <input type="checkbox"/> | Press Editorial | <input type="checkbox"/> | Membership Stand | <input type="checkbox"/> |
| Flyer / Poster | <input type="checkbox"/> | Word of Mouth | <input type="checkbox"/> | Website | <input type="checkbox"/> |
| Other (please specify) | <input type="checkbox"/> | _____ | | | |

The **East of England Agricultural Society** would like to provide you with relevant information by **direct mail**. If you **do not want** to receive this information please tick here The **East of England Agricultural Society** may also email you with relevant information. If you **do want** to receive email please tick here The **East of England Agricultural Society** will occasionally allow selected third parties to contact you with relevant direct mailings, telephone or email information. Please tick here if you **do want** to receive such information from selected third parties

Please state your preferred method of contact: _____