

*Please print out this form, complete, sign it and post to:
The Membership Administrator, Friends of Act, 11 Scottow Row, Norwich NR10 5DR*

I/We would like to join the membership scheme under the following category: (please tick either box)

- INDIVIDUAL membership CORPORATE membership

Name

Address 1

Address 2

Address 3

Postal Code

Landline Phone

Mobile Phone

Email

I wish to make my donation by:

- A Cheque in the sum of:
- please make payable to Aylsham Care Trust
and enclose when you send us this completed form
- Monthly/Quarterly/Annual STANDING ORDER MANDATE
- please complete and send with the next part of this form