

Membership Form

| | |
|---------------------------|-------------------|
| First Name: | Surname: |
| Address: | |
| Town: | Post Code: |
| Telephone No Home: | Mobile: |

| | | | |
|---|-------------------|-------------------------|-------------------|
| Are you employed; | Full time: | Part time: | Sessional: |
| Other Establishment employed/visiting: | | | |
| Contracted hours: | | Sessional Hours: | |

| | | |
|-----------------------------------|------------------------|------------------|
| Establishment Name: | Private/Public: | Category: |
| Office Tel No: | VPN: | Ext: |
| Work email : | | |
| *Private email (optional): | | |

| | | | |
|--|-----------------------------------|--------------------------------------|------------------------------------|
| Membership fee: (Please tick) | 1-9 hours £5.00: | 10-19 hours £10.00: | 20+ hours £15.00: |
|--|-----------------------------------|--------------------------------------|------------------------------------|

"I hereby give my consent that MCA store this data and circulate only to RA's and Executive Committee members for MCA use" Sign: _____ Date: _____

Send completed form to: **Muslim Chaplains' Association, PO Box 786, Staines, TW18 9BU**

Standing Order Mandate

To the manager:

| |
|------------------------|
| Bank/Building society: |
| Full Address: |
| Postcode: |

Name(s) of account holder(s):

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Sort Code

Account Number

Date of 1st Payment

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
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Payment details

After the date of the 1st payment, Please debit this amount on the 5th of April **every year**

Amount in words

Amount

Frequency

| | | |
|--|---|--|
| | £ | Annually – every 5 th of April |
|--|---|--|

Signature:

Date:

| | |
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Please debit my account the sum mentioned below and pay Muslim Chaplains' Association. I understand that this instruction may remain with the Muslim Chaplains' Association and, if so, details will be passed to my Bank/Building Society.

Beneficiary details:

| | | | | |
|-----------------|--------------------------------------|----------------|-----------------|----------|
| Name: | Muslim Chaplains' Association | | | |
| Bank: | Lloyds TSB Ltd – Newton Abbot Branch | | | |
| Sort code | 3 0 - 9 6 - 0 6 | Account Number | 0 0 1 7 4 4 0 9 | |
| Charity Number: | 1128542 | - | Company Number: | 06591342 |

Send completed form to: **Muslim Chaplains' Association, PO Box 786, Staines, TW18 9BU**