



Membership Application Form

YOUR CHANCE TO WIN A CASH PRIZE EVERY MONTH

I would like to join the SWACA 500 Club and my details are as follows:	
Name:	
Address:	
E-Mail:	
Tel. No:	
State number of shares per month @ £5 each	
Total Monthly Payment	
Membership Start Date <i>(Please insert the date you would like your membership to begin)</i>	
Please Tick Box	
I confirm that I am 16 years of age or over	<input type="checkbox"/>
I confirm that I have read and agree to the Terms and Conditions	<input type="checkbox"/>
Signed:	Date:

Method of Payment – <i>please tick your choice of payment</i>	
1. I would like to pay by cash/cheque for one years' membership in advance <i>Please note that we cannot accept monthly cash/cheque payments for this scheme</i>	<input type="checkbox"/>
2. I would like to set up a monthly Standing Order	<input type="checkbox"/>

**Please complete and return to: Sandra Blower
SWACA, 166 Knowsley Road, Bootle, Liverpool L20 4NR**

Office Use: No. of Shares per month	<input type="text"/>	Numbers Allocated:	<input type="text"/>
Added to Database & Notified YES/NO		Date Form Received	<input type="text"/>