

Banker's Order



Keep Our NHS Public – Affiliation membership*

Please complete this form and return to us at: **Keep Our NHS Public, Flat 11, Galileo Apartments, 48 Featherstone Street, London EC1Y 8RT**

| | |
|-------------------------|-----------|
| To: (name of your bank) | |
| Address of bank: | |
| | Postcode: |

*Full affiliation is £25 pa; supporting affiliates are asked to pay £20, £50, £75, £100 or £250 pa, as they can afford.

Please pay to the account of Keep Our NHS Public the sum of (add in numbers and words) :

£.....

on the first day of _____ and annually thereafter until further notice from my account:

Bank sort code:

| | | | | | |
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| | | | | | |
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Account number:

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Contact details:

| | |
|-----------------|---------------|
| Name: | |
| Email address: | |
| Postal address: | |
| Postcode: | Phone number: |

Date:

Signature:

For office use only:

| |
|-----------------|
| Bank: |
| Address: |
| Sort code: |
| Account number: |

