

Clun & District Memorial Hall & Playing Fields Charity

Chair: Robert Andrews. **Secretary**: Ian Macintyre. **Treasurer**: Lois Gwilliam. Registered Charity No. 507032

Clun Memorial Hall 200 Club

APPLICATION FORM

| Full Name | NameTelTel | | |
|--|--------------------------------------|---|---|
| Postal Address (Including Post Code) | | | |
| Email Address | | | |
| BankBra | anch Address | | |
| Sort CodeA (we require this information in order to pay | | | |
| the Terms and Conditions relating | to the scheme and chasing will be en | d that I have read and ur ntered into the 200 Club | onfirm that I have received a copy of inderstood them. I acknowledge that o Draw, in the month following the incelled by me. |
| = | ke not to use my | | The Clun & District Memorial Hall & poses except in connection with the |
| I confirm that I am over 16 years of | age. | If under age 21 years, p | lease state DOB |
| I apply for an allocation of draw tic | kets as shown bel | low: | |
| No. of Draw Tickets requeste | ed@ £ | 5 per ticket = £ | per month. |
| This amount to be paid monthly by | standing order fr | rom my bank/building sc | ociety account. |
| * Please send me a standing order | mandate for signa | ature & return. | |
| * I do not require a standing orde banking and undertake to do so. *Please delete as required. | r mandate as I a | m able to set the mont | hly payment up myself via internet |
| Signed | Print Name | | Date |
| You will be advised in writing of you | ur accentance int | o the scheme and alloca | ted a lottery number. Please do |

Please return the completed form to: lan Macintyre, 2, Church Street, Clun. Craven Arms. SY7 8JW

not instruct your bank to make any payments until this has been advised to you.