AGE ANAESTHESIA ASSOCIATION

ANNUAL SUBSCRIPTION
STANDING ORDER FORM

CUSTOMER ACCOUNT DETAILS:

Account Name: ----------

Sort Code: ___/___/_____ Account Number: ----------

Bank Name: ----------

Bank Address: ----------

---------- Postcode: ----------

BENEFICIARY DETAILS:

Beneficiary Name: AGE ANAESTHESIA ASSOCIATION
Sort Code: 40-19-12
Account Number: 71185349

Date of First Payment: ___/___/____ (please insert your preferred date)

Further payments thereafter, on the 1st of January, annually, until further notice

Signature: ----------

Date: ----------

Contact Telephone Number: ----------

PLEASE ENSURE THAT YOU SIGN AND DATE THE FORM AND RETURN BY EMAIL TO:
enquiries@eventmanagementdirect.co.uk

Or you can send it by post to:
Event Management Direct, Unit 9, Hydra Business Park, Nether Lane, Sheffield, S35 9ZX