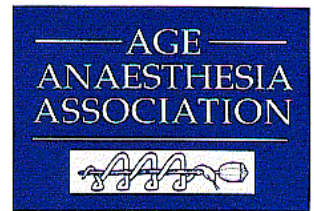


**AGE ANAESTHESIA ASSOCIATION**



**ANNUAL SUBSCRIPTION  
STANDING ORDER FORM**

**CUSTOMER ACCOUNT DETAILS:**

Account Name .....

Sort Code       -.....-.....                      Account Number .....

Bank Name .....

Bank Address .....

Post Code .....

**BENEFICIARY DETAILS:**

Beneficiary Name – AGE ANAESTHESIA ASSOCIATION

Sort Code                40-19-12

Account Number        71185349

**PAYMENT DETAILS:**

Amount of First Payment   £20.00

**Date of First Payment**   ...../...../..... (Please insert date)

**Further Payments** thereafter, on the 1<sup>st</sup> of January, annually, until further notice.

Signature .....

Date .....

Contact Telephone Number .....

**PLEASE ENSURE THAT YOU SIGN AND DATE THE FORM AND  
RETURN TO THE ADDRESS BELOW:**

Event Management Direct, Haywood House, Hydra Business Park, Nether Lane, Sheffield, S35 9ZX