

# Friends of Lincoln Hospitals Association Membership Application

## Application Form

Please complete and return to the Treasurer:

Mr R Georgeson,  
11 Greetwell Lane,  
Nettleham,  
Lincoln, LN2 2PN

I wish to become a member of Friends of Lincoln Hospital Association, the type of membership I would like (Please circle as appropriate):

Ordinary Membership	£5
Corporate Membership	£25

These are our annual memberships. The prices listed above are incurred annually.

Lifetime Membership	£100
Lifetime Membership (Over-65s )	£75

These are our lifetime memberships. The prices listed above are a one-off payment.

I enclose \*Cash/Cheque  
\*delete as appropriate

I would like to give a donation of:

£ .....

Fullname .....

Address .....

Post Code .....

Please make Cheques payable to: "Friends of Lincoln Hospitals Association"

# Bankers Order Form

**To:** The Manager (Name & address of your Bankers)

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.....  
.....  
.....

Name of Account to be debited .....

Please pay (amount of figures and words)

£ .....

Starting on (Date of first payment) .....

And thereafter every year until further notice to:

**TSB Bank, 12 Bank Street, Lincoln 77-16-01 a/c 02304960**

Being my subscription to the Friends of the Lincoln Hospitals Association.

Signature ..... Date .....

Name (in capitals) .....

Address .....

Postcode ..... Tel.No .....