

Membership Application

Please tick boxes below as required and use block capitals

PLEASE PRINT, COMPLETE AND SEND THIS FORM TO:

FREEPOST WHCA, Worcester House, 9 St. Mary's Street, Worcester, WR1 1HA. 01905 729090

How did you hear about us?.....

I WISH TO: BECOME A CORPORATE MEMBER BECOME A PERSONAL MEMBER UPDATE MY MEMBERSHIP

SURNAME: _____ TITLE (MR/MRS/MISS): _____

FIRST NAME(S): _____

HOME ADDRESS: _____

POSTCODE: _____ YOUR DATE OF BIRTH: _____ / _____ / _____

HOME TELEPHONE (INCLUDING STD CODE): _____

NAME OF COMPANY (Corporate members only): _____

PLEASE ENROL ME/US IN THE ORCHARD PLAN BELOW

CORPORATE MEMBERS: Payments may be made weekly or monthly

PERSONAL MEMBERS: Payments may be made monthly, quarterly or annually (it is not possible to pay monthly by cheque)

PAYMENT METHOD Cheque Direct Debit Salary Deduction (Corporate membership only)

Red Weekly £1.07 Monthly £4.63 Quarterly £13.91 Annually £55.64

Green Weekly £1.86 Monthly £8.06 Quarterly £24.18 Annually £96.72

Gold Weekly £3.30 Monthly £14.30 Quarterly £42.90 Annually £171.60

Family Weekly £4.40 Monthly £19.06 Quarterly £57.20 Annually £228.80

COMPLETE THIS SECTION IF YOU WISH TO ENROL YOUR PARTNER OR JOIN THE FAMILY PLAN

I agree to pay my partner's contribution on his/her behalf

PARTNER'S SURNAME: _____ TITLE (MR/MRS/MISS): _____

FIRST NAME(S): _____ DATE OF BIRTH: _____ / _____ / _____

CHILDREN (only required if joining Family Plan)

NAME: _____ DATE OF BIRTH: _____ / _____ / _____

NAME: _____ DATE OF BIRTH: _____ / _____ / _____

NAME: _____ DATE OF BIRTH: _____ / _____ / _____

DECLARATION To be signed and dated by all applicants

I have read and agree to abide by the WHCA Benefit Rules, Terms and Conditions

SIGNATURE: _____ DATE: _____

CORPORATE MEMBERS: SHOULD HAND THE COMPLETED FORM TO THEIR LINE MANAGER

PERSONAL MEMBERS: RETURN THE COMPLETED FORM IN AN ENVELOPE TO THE ADDRESS OVERLEAF

Important Note: If you wish to cancel your membership, you must inform us by letter within 14 days of the joining date. Copies of WHCA Orchard Benefit Rules, Terms and Conditions are available on request.

FOR EMPLOYER'S USE ONLY (THIS SECTION IS FOR COMPANY/CORPORATE MEMBERSHIP ONLY)

DEPARTMENT _____ EMPLOYEE NUMBER _____

DATE APPLICATION RECEIVED _____ DATE DEDUCTIONS COMMENCED _____

ENTERED PAYROLL RECORDS _____ AMOUNT DEDUCTED _____

Instruction to Your Bank or Building Society to Pay a Direct Debit

FOR PERSONAL MEMBERS ONLY

Do Not Complete This Section if You Are Joining as a Corporate Member Through Your Company

Name and full postal address of your Bank or Building Society

To: THE MANAGER

ADDRESS:

POSTCODE:

NAME(S) OF ACCOUNT HOLDER(S):

BRANCH SORT CODE

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BANK/BUILDING SOCIETY ACCOUNT NUMBER

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Please pay direct debits to WHCA from the account details in this instruction, subject to safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with WHCA. All personal information supplied to us is handled in accordance with the Data Protection Act 1988.

SIGNATURE(S):

DATE:

WHCA, Worcester House, 9 St Mary's Street, Worcester WR1 1HA



Cutting the cost of staying healthy

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