

# **Maidstone Football Club**

## **Membership and renewal form**

### Details of Applicant & Parent/Guardian (Family Membership)

Name(Full)	
Address	
Post Code	
Phone (1)	
Phone (2)	
email	
DoB	

Type of Membership required Please tick

Playing..... Non-playing..... Student..... Junior.....

Playing Family..... Non-playing Family..... Tick if a VP.....

For Family or Junior membership only

Child names 1	
DoB	
School	

3


Child names 2	
DoB	
School	

4


Medical Conditions.....  
 .....

Please ensure you complete a medical consent form and hand it to your group coach/team manager.

I apply for membership/renewal to one of the above categories. I agree to abide by the club rules and decisions of the committee and permit my details to be kept on a computer database authorised by the committee.

**Signed**..... **Full Name**..... **Date**.....



# Standing order

The easy way to make regular payments from your account

1

## Your details

Please write clearly in the white spaces with capital letters or tick the boxes.

All sections **must** be completed.

<p><b>X</b></p> <p>Your full name or name of business</p> <p>_____</p>	<p><b>X</b></p> <p>Branch name</p> <p>_____</p>
<p><b>X</b></p> <p>Your contact telephone number</p> <p>_____</p>	<p><b>X</b></p> <p>Sort code</p> <p>____ ____ ____ </p> <p><b>X</b></p> <p>Account number</p> <p>____ ____ ____ ____ ____ ____ </p>

2

## Standing order details

Does this instruction replace any existing standing order or direct debit instructions?

Yes ☐ No ☒

How often do you want the payment made?

4 weekly ☐ Monthly ☒

Quarterly ☐ Half yearly ☐ Yearly ☐

If yes please give details in special instructions below.

Recipient's name

**MAIDSTONE FOOTBALL CLUB**

Recipient's bank and branch name

**18 WEEK STREET MAIDSTONE**

Recipient's sort code

**309537**

Recipient's account number

**00062872**

First payment amount

(if different to usual payment)

£

First payment date

**01092006**

Usual payment amount

£

Usual payment amount in words

\_\_\_\_\_

Final payment amount

(if different to usual payment)

£

Final payment date

(if applicable)

\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|

Until further notice ☒

or

\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|

Special instructions

\_\_\_\_\_

Your payment reference

\_\_\_\_\_

3

## Your agreement with us

Please note that we will not:

- make any reference to VAT or any other indeterminate element
- advise your address to the person/organisation you are paying
- tell the person/organisation you are not able to pay
- ask the bank of the person/organisation you are paying to tell this person/organisation when payments are received.

I authorise you to debit my/our account, in accordance with the details in Section 2.

This request is addressed to the bank which holds my/our account.

ID confirmed ☒  
(for bank use only)

☐

Your signature(s)

**X**

Date

For bank use only

From branch name

\_\_\_\_\_

Sort code

\_\_\_\_|\_\_\_\_|\_\_\_\_|

Contact name

\_\_\_\_\_

**Lloyds TSB Bank plc**  
Registered Office:  
71 Lombard Street,  
London,  
EC3P 3BS.

Registered in England and  
Wales: Number 2065.

**Lloyds TSB Scotland plc**  
Registered Office:  
Henry Duncan House,  
120 George Street,  
Edinburgh  
EH2 4LH.

Registered in Scotland:  
Number 95237.

Members of the Banking  
Ombudsman Scheme, and  
signatories to the Banking Code.