

HCYA Membership Application

Please complete your details below. For your convenience, you may use this application form if there are two members at the same address but please remember that each member must pay the full membership fee

Member 1 : Full	name a	ınd Addr	ess (BL0	OCK LET	TERS P	LEASE)					
Mr/Mrs/Ms/othe	r:			Email							
Address											
Postcode				Telephone Number							
Section(s) I wish to join											
Payment: If you are joining midyear you may pay a proportion of the total amount for the first year according to the month in which you join. Please tick the appropriate amount and enclose a cheque payable to HCYA. The fee for the year ending August 31st 2018 when joining between Sept – Dec 2017 £20 Jan – Apr 2018 £15 May-Aug 2018 £10											
Member 2 at the same address (BLOCK LETERS PLEASE)											
Mr/Mrs/Ms/other				Email							
Address											
Postcode			Telephone Number								
Section(s) I wis	h to joir	1									
Proposer (may be your section			enclose a cheque payabl				conder	May-Aug 2018 £10 Mr/Mrs/Ms/other			
leader)											
Address							Add	dress			'
Postcode							Pos	stcode			
HCYA Membership Number						нс	HCYA Membership Number				
f this application is for up to two people it may be convenient for you to make a single payment to cover the total for both members.											
Please indicate which payment method you would prefer for future years Direct Debit (Preferred option) Cheque											
I am prepared to Gift Aid this and future subscriptions. Please let me have a form Gift Aid Forms available from the website at www.hcya.org.uk											
Please return your completed form and cheque for the membership fee to your SECTION LEADER Or by post to :											
Patrick Riley (HCYA Membership Secretary) c/o PiBv3 Ltd. Redlands Business Centre. 3/5 Tapton House Road. Sheffield S10 5BY											