**Pasda Membership Form
2023 - 2024**

|  |  |
| --- | --- |
| **Today’s date:** |  |
| **Name(s):** |  |
| **Address & Post Code:** |  |
| **Phone number:** | **Landline:****Mobile:** |
| **Email address:** |  |
| **Payment Method:** | [ ]  Cheque [ ]  BACS transfer [ ]  Wonderful Donation |
| **Subscription Paid:** | [ ]  £10 (individual) [ ]  £15 (family) |
| **Additional Donation (optional):**  | £ |
| **Signature:** |  |

***For office use only***

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| --- |
| *Date Membership Form received:* |
| *Date payment received:* |
| *Date added to database:* |
| *Processed by:* |
| *Confirmation sent:* |
| *Membership number(s):* |