



## APPLICATION FORM

Name:

Address:

Post Code:

Telephone No:

Email address:

I wish to pay my subscription:    monthly                     annually

(please tick your preference)

I can confirm that I have read the terms and conditions of the Dover Smart Project's 100 Club and that I am over the age of 16 years old.

Signed:

Date:

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### Standing Order Mandate to Pay:    Dover Smart Project

Donors Name: .....

Address: .....

..... Post Code .....

**Please pay:** £5 per month or £55 annually (delete as applicable) to:

**Bank:** Barclays **Sort Code:** 20-45-45 **Acc.No:** 30527394 **Acc.Name:** Dover Smart Project

Please quote reference: 100 Club (+your surname) Payment to commence on: .....

**If setting up a Standing Order online please ignore details below and tick here**

Your Bank Account details: Bank .....

Bank Address .....

Sort Code: ..... Acc. No: .....

Signed:

Date: