

# Application Form BLOCK CAPITALS PLEASE

TITLE INITIALS SURNAME DATE OF BIRTH

ADDRESS

POSTCODE DAYTIME TEL NO

ADDITIONAL MEMBER OR MEMBER'S PARTNER

TITLE INITIALS SURNAME DATE OF BIRTH

FAMILY MEMBERS (names of children under 16)

TITLE INITIALS SURNAME DATE OF BIRTH

## MEMBERSHIP CATEGORIES

Individual £24 per year

Individual & additional member living at the same address £30 per year

Family Group Two parents or partners and their children under 16 at the same address £36 per year

PAYMENT METHOD please tick appropriate box

I enclose a cheque for £\_\_\_\_\_ made payable to the Lundy Fund

Please charge £\_\_\_\_\_ to my Visa/Mastercard number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Security Number

Expiry date

<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Cardholder's signature

Cardholder's name

Cardholder's address if different from member's address

(BLOCK CAPITALS PLEASE)

We promise that any information you give will be used for the purposes of the Lundy Fund and the Landmark Trust only. We will write to you about our work and will occasionally include details of products developed by third parties in association with the Landmark Trust and the Lundy Fund. Should you not wish to hear about such services please tick this box.

## Instructions to your Bank or Building Society to pay by Direct Debit

Please fill in the form and sent to: The Landmark Trust, Shottesbrooke, Maidenhead, Berkshire, SL63SW



Name and full postal address of your Bank or Building Society

To: The Manager Bank/Building Society

Address

Poscode

Name(s) of account holders(s)

Bank/Building Society account number

Branch sort code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Instructions to your Bank or Building Society

Please pay The Landmark Trust Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee.

I understand that this instruction may remain with The Landmark Trust and, if so, details will be passed electronically to my Bank/Society.

Signatures(s)

Date

This guarantee should be detached and retained by the Payer

### The Direct Debit Guarantee



- This guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change The Landmark Trust will notify you a minimum of 14 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by The Landmark Trust or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to Landmark.