

## Application Form for Friends of St Chad's 100 Club

Please complete all fields

Forename: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: House name or number and Street \_\_\_\_\_

Town \_\_\_\_\_

County \_\_\_\_\_

Postcode \_\_\_\_\_

Email address \_\_\_\_\_

Telephone number(s) \_\_\_\_\_  
\_\_\_\_\_

How many numbers would you like at £24 per number? \_\_\_\_\_

Please make a cheque payable to "Friends of St Chad's 100 Club"

Payment by BACS will be available in the near future.

Please tick the boxes below:-

- I agree to the terms and conditions of the 100 Club.  
 I am 16 years or over.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**GOOD LUCK**