Confidential

Priority Application Form - T40

1 **Your Details -** Please write in block capitals

Surname .....(Mr/Mrs/Ms)

First names .....

Address.....

.....

.....Post code.....

Date of birth .....

I want to become a member of The Health Maintenance Plan.
How much would you like to pay.

50p a week	£1.00 a week	£1.50 a week	£2.00 a week	£2.50 a week	£3.00 a week
☐	☐	☐	☐	☐	☐

Do you want to pay for your contributions

every month ☐ every 3 months ☐

every 6 months ☐ once a year ☐

I would like my payments to be made by Standing Order and I have filled in the Standing Order Instructions opposite.

Dependent Child

Surname .....

First names .....

Date of birth .....

2 Declaration

I am in good health, I am not, receiving or needing any form of medical treatment, and I have given you all the information which may be relevant to this application.

I understand that I cannot claim for any condition I already have and that this application is accepted on condition that my declaration is full and true.

Signed.....

Date .....

DATA PROTECTION ACT

By returning this form to the Druids Sheffield Friendly Society, you consent to our processing pesonal data about you in connnection with your application. This information will only be used for the administration of your membership at head office and where applicable by your Lodge Secretary. If you do not want to be contacted by Druids Sheffield Friendly Society with their marketing literature, please tick this box. ☐

You have the right to ask for a copy of the information we hold about you (for which we may charge a small fee) and to correct any inaccuracies in your information.

The Druids Sheffield Friendly Society Data Protection registration number is PZ6979728.

STANDING ORDER MANDATE

Please pay

YORKSHIRE BANK PLC	CODE No. 05 09 69
4 SANDYGATE, WATH-UPON-DEARNE, ROTHERHAM, S63 7LW	

For the credit of

DRUIDS SHEFFIELD FRIENDLY SOCIETY HEALTHCARE PLAN	A/c 61543468

the sum of *(amount in words)*

£ :

on 1st.....(Month)

and thereafter *(delete not-applicable)*

Monthly / Quarterly / Half-Yearly / Yearly

Until you receive further notice from me/us in writing and debit my/our account accordingly.

Quoting the reference

PLEASE LEAVE BLANK
OFFICE USE ONLY

Please cancel any previous standing order in favour of the Beneficiary named opposite.

Name of Bank and address

Account to be debited

Account Number

Signature Date / /

Address

Post Code

Return completed form to Druids Sheffield Friendly Society with your application form please.