



The Association for Families who have  
**Adopted from Abroad**

# AFFILIATE MEMBERSHIP APPLICATION FORM

Surname	First Name(s)
Address	Telephone
Postcode	Fax
E-mail	
Occupation(s)	
<p>WOULD YOU BE WILLING TO HAVE YOUR ADDRESS AND TELEPHONE NUMBER CIRCULATED TO OTHER MEMBERS OF THE ASSOCIATION?</p> <p>Note: If you do not agree to this, your address details will not be included in the annual membership list and you will not receive a copy of it.</p>	
WHERE DID YOU HEAR ABOUT AFAA?	
<p>THIS INFORMATION WILL BE STORED ON A COMPUTER. TO SATISFY THE REQUIREMENTS OF THE DATA PROTECTION ACT, WE NEED YOUR PERMISSION. PLEASE TICK TO INDICATE YOUR AGREEMENT.</p>	

I/WE ENCLOSE £12 FOR MEMBERSHIP (please make cheque payable to AFAA)

If you would prefer to pay by standing order (we would certainly prefer this as it saves on administration costs) please complete the bankers order form below and, after recording its details, it will be forwarded to your bank.

PLEASE RETURN THE FORM TO:

MRS. PAT WORDLEY,           TREASURER AFAA,  
30 BRADGATE,  
CUFFLEY, HERTS, EN6 4RL.

Signature:

Date:

Registered Charity No. 1003274

## BANKERS ORDER FORM

I, \_\_\_\_\_ (Full name in BLOCK CAPITALS) of (Address) \_\_\_\_\_

Post Code \_\_\_\_\_

request you to pay to National Westminster Bank, Sevenoaks Branch (60 19 02) for the credit of AFAA (Account No. 31058434) the sum of Twelve Pounds (£12) immediately and thereafter every 2nd January until you receive further notice from me in writing.

TO ISSUING BANK Please quote reference number \_\_\_\_\_ (This will be completed by AFAA)

DATED \_\_\_\_\_ SIGNATURE \_\_\_\_\_

To: (Name of Bank and full address of branch - BLOCK CAPITALS) \_\_\_\_\_

Account Number \_\_\_\_\_

Bank Sort Code \_\_\_\_\_