

**I/WE WISH TO BECOME A MEMBER/RENEW MY MEMBERSHIP\*  
OF THE WHEATHAMPSTEAD PATIENT PARTICIPATION GROUP**  
(\*DELETE AS APPROPRIATE)

NAME.....

PHONE NO .....

EMAIL ADDRESS  
.....

HOME ADDRESS  
.....  
.....

I enclose £5 annual membership per **household**.

Please tick - standing order mandate/cheque/cash

Signature.....

Date .....

Please 'post' completed form, in a sealed envelope, in the red box on the Surgery wall marked Patient Participation Group. Alternatively mail to: ***Patient Participation Group, The Village Surgery,  
Marford Road, Wheathampstead, AL4 8BT***

**NB In order to keep our records up to date at all times, please inform us of any future changes in your personal details by contacting the Treasurer – David Law on 01582 833628 or david.c.law@btinternet.com - Thank You**

**WHEATHAMPSTEAD PPG**  
STANDING ORDER MANDATE

**Please note that this supersedes any previous order**

**To:** .....  
(Name of your Bank/Building Society)

**Address:**.....

.....

..... Post Code: .....

**Please pay to:** Barclays Bank, 16-18 St Peters St, St Albans, AL3 4DZ  
**Beneficiary:** Wheathampstead PPG, Sort Code: 20-74-09, A/C No: 13938921

**The sum of** £5.00 **Amount in words** Five Pounds only

**On** .....and on the 1<sup>st</sup> April each year thereafter.  
(Date of 1<sup>st</sup> Payment – please leave blank)

**Reference to be quoted:** .....  
(Your Initials and Surname)

**Your Account Name to be debited:** .....

**Your Account Number:** .....

**Sort Code:** .....

**Signature(s) of Account Holder(s):**

.....

**Date:** .....

**Address:** .....

.....

..... **Post Code:** .....