

ProLife Alliance

Application for Membership

TITLE	FIRST NAME
SURNAME	
ADDRESS	
POSTCODE	
TEL	
FAX	
EMAIL	
CONSTITUENCY	

ANNUAL MEMBERSHIP £24

I WISH TO MAKE A DONATION OF:

£1000 £500 £250 £100 £50 OTHER £ _____

I ENCLOSE A CHEQUE* FOR £ _____

*please make cheques payable to ProLife Alliance. Please consider paying membership and/or making a regular donation by standing order.

PLEASE REMOVE ME FROM YOUR DATABASE

PLEASE SEND THE COMPLETED FORM TO:

ProLife Alliance, PO Box 13395, LONDON SW3 6XE

ProLife Alliance

Banker's Order Form

TO THE MANAGER OF MY BANK Date _____

Name of my bank _____ Bank plc

Address _____

_____ Postcode _____

Please pay ProLife Alliance, account no. 71276840 (sort code 40-04-10) at HSBC, 202 Sloane Street, London. SW1X 9RG the sum of

_____ [in words]

£ _____ [in figures]

every month/quarter/year* starting on __ - __ - __ until further notice. [*delete as appropriate]

Please debit my account no: _____ Sort code: __ - -

Name [CAPITALS PLEASE] _____

Address _____

_____ Postcode _____

Signed _____

