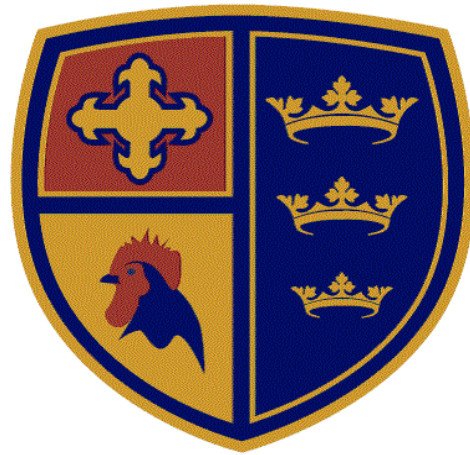


THE HULL OLD COLLEGIANS ASSOCIATION



MEMBERSHIP FORM

THE HULL OLD COLLEGIANS ASSOCIATION

I hereby apply for Membership* of the Hull Old Collegians Association

Name: _____

Signature: _____

Address:
(Home) _____

_____ Post Code: _____

Tel/mobile: _____

Email: _____

Occupation: _____

Address:
(Business) _____

_____ Post Code: _____

Telephone: _____

Years at HHS/HGS/HCS from 19/20_____ to 19/20_____

***implying a wish to be included in all mailings**

Your details will be stored on a database, the sole user being the association for postal and membership list compilation. In order to comply with the Data Protection Act (1984) the association requires your permission. If you **do not** want your information stored on a computer then tick the box below

tick the box only if you **do not** wish your information to be stored on a computer.

Please send completed form and Bankers Order to:

Mr R Haworth
Principal
Hull Collegiate School
Tranby Croft
Anlaby HU10 7EH
Tel: 01482 657016
Email: enquiries.hull@church-schools.com

BANKERS STANDING ORDER INSTRUCTION

To: _____ Bank PLC

_____ Post Code: _____

Please pay to the HSBC, 239 Hessle Road, Hull
(40-25-14) for the credit of

Hull Old Collegians' Association

Account No. 71007394

TEN Pounds on the 1st March annually (**£10.00 annually**)

Quoting reference _____ signed: _____
(preferably your surname)

Date: _____ Name: _____

Address: _____

_____ Post Code: _____

And debit account

Name: _____

Account No: _____ Sort Code: _____