SAILING FOR THE DISABLED

Manx Charity 1333



STANDING ORDER

To the Manager;		Bank	Branch
Address:			Post Code
Please pay			
the sum of £10 (Ten p	oounds only) per me	ember in respect of n	nembership fee(s) for:
Name		Membership No	
Name		Membership No	
*Immediately and co order is cancelled by		/ear on 1st April (or r	next working day) until this standing
* On 1st April next (o	r next working day)	until this standing or	der is cancelled by me in writing
*Please delete as applic	rable		
ACCOUNT TO BE DEB	ITED		
Account Number:			
Account Name:			
Signature:			
Print Name:			
Date:			
Please return this form	to the Membership Se	ecretary, Woodvale Bra	dda Road, Port Erin, Isle of Man,

IM9 6QA