THE ROYAL LONDON HOSPITAL LEAGUE OF NURSES

APPLICATION FORM

I hereby apply to become a member of the Royal London Hospital League of Nurses please note methods of payment on standing order mandate form.

[Annual subscription - £10]

Surname:
Title:[Mr/Mrs/Ms/Other please specify]
Forenames:
Maiden Name:
Permanent Address:

Training School/College:

Commenced Training:

Completed Training:

NMC PIN Number:

Present Position:

Work Address:

Email address:

Si	gnature:	

Date:

I have set up online payments for my membership fees YES/NO

PLEASE REMEMBER TO POST YOUR STANDING ORDER MANDATE TO YOUR BANK. PLEASE DO NOT SEND TO THE LEAGUE. IF YOU HAVE SET PAYMENT UP ONLINE, THEN THE BANK DOES NOT REQUIRE THE MANDATE.

Please note due to a change in GDPR law it is no longer possible to circulate membership lists.

Please return form/s to The Honorary Membership Secretary, The Royal London Hospital League of Nurses, c/o The Post Room, The Royal London Hospital, Whitechapel, London, E1 1BB

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STANDING MANDATE FORM

P lea se sen d to: th e M anager,

Bank plc [M em bers ow n bank]

If you wish to pay by online banking then please make the deposit to S/C 18-00-02 ACC No 03558223 On the membership form please delete YES/NO as appropriate that you have set up a standing order via online banking.

The payee reference is YOUR NAME, it is vital this is completed so we can ensure payment is cross referenced with your membership.

If paying your first year subscription by cheque please make cheque payable to The Royal London Hospital League of Nurses G/F.

If paying by cheque please note the date and pay in the same month in subsequent years. Annual Subscription £10

E	BANK	BRANCH	SORT CODE
Please pay: C	Coutts & Co	Strand	18-00-02

BENEFICIARY'S	ACCOUNT NUMBER
NAME	
The Royal London	
Hospital League of Nurses	03558223
General Fund	

	AMOUNT IN WORDS	AMOUNT IN FIGURES
The sum of:	Ten Pounds	£10
The sum of:	Ten Pounds	£10

DATE OF FIRST PAYMENT		DUE DATE
	And then every year	

ACCOUNT TO BE	SORT CODE	ACCOUNT NUMBER
DEBITED		

Signature/s:_____Date: _____