



Standing Order Mandate – Na gCúna Membership

Member Name _____

Please complete all sections of this form, sign and return to:

Kieran McLaughlin, Treasurer. Limavady Wolfhounds GAC, 29 Crossnadonnell Road, Limavady, BT49 0BD

Your Bank Details

To: The Manager	Your Bank / Building Society:
Address:	
Postcode:	

Branch Sort Code

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Bank Account Number

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Our Reference (will appear on your Bank Statement) – to be completed by Treasurer

Na gCunna ____

Please pay to the account number **17304895** of 'Limavady Wolfhounds GAC' at the Bank of Ireland, 37-39 Main St, Limavady BT49 0EP, Sort Code **90-50-96** the sum of (please tick one):

- | | | |
|--------------------------------------|---|-------------------------------------|
| Family Membership (Up to 1 child) | <input type="radio"/> £10 per month, or | <input type="radio"/> £120 per year |
| Family Membership (Up to 2 children) | <input type="radio"/> £12 per month, or | <input type="radio"/> £140 per year |
| Family Membership (3+ Children) | <input type="radio"/> £13 per month, or | <input type="radio"/> £150 per year |
| Adult Playing Membership | <input type="radio"/> £8 per month, or | <input type="radio"/> £100 per year |
| Student Membership | <input type="radio"/> £7 per month, or | <input type="radio"/> £80 per year |
| Under 7 Membership | <input type="radio"/> £5 per month, or | <input type="radio"/> £60 per year |

Please commence payments on the _____ (Day) _____ (Month) until further notice

Signature(s): _____

(Please print name) _____

Date: _____