



**Scottish Association for Sleep Apnoea
Scottish Charity No. SC023352**

Membership Application

I Full name (In block Capitals)

Of.....

..... Full address & postcode

Phone No: email:

Hereby apply for admission to Membership of SASA on the terms of the Constitution of the Association.

The hospital at which I was diagnosed was.....

I wish to make settlement of my annual subscription by:

1. Standing Order - completed form to accompany this application, or
2. Cheque - enclosed with this application.

(Single Membership Fee: £10, Joint Membership Fee: £15)

Applicant's Signature

Date:

Note: This is not an annual membership form. If you are already a member you do **not** have to complete another form.

Standing Order Mandate

Payers Account Details

Payee Details

Bank:

Bank: Clydesdale Bank PLC.

Branch:

Branch: Forfar

Address:

Address: 73 Castle Street
Forfar.

.....

Sort Code:

Sort Code: 82 63 18

A/C Name:

A/C Name: SASA

A/No:

A/C No: 30491463

Please pay the sum of £..... commencing and thereafter annually on 1st April; until further notice, this order to subsist until cancelled by me in writing.

Signed: Date:

Please return this form and Gift Aid form, if appropriate, to the Membership Secretary: Helen Rowson, Alba Sales – HR, Waterside, St Andrews Walk, Fortrose, IV10 8TP