



OLD MARLINGTONIANS' ASSOCIATION MEMBERSHIP FORM

Please enrol me as a member of the Old Marlingtonians' Association

NAME (Please Print)		
ADDRESS:		
	POSTCODE:	
HOME TELEPHONE:	MOBILE:	
BUSINESS TELEPHONE:	E-MAIL:	
YEARS AT SCHOOL:		
SIGNED:		DATE:

Subscription:

Paid £12.00

Tick here

Details:

(Full Membership)

(Please make any cheques payable to the Old Marlingtonians' Association)

If you would like to pay your subscription by Banker's Order please complete the details below:

I authorise payment of the sum of £12.00 on June 1st each year to "The Old Marlingtonians' Association" Marling School, Stroud, Glos, HSBC Bank, Stroud.

Account Name: Cotswold Beacon Academy Trust, Sort code: 40-43-21, Account Number: 61540114

NAME OF BANK:	
ADDRESS:	
BANK SORTING CODE:	
ACCOUNT NUMBER:	

SIGNED: _____ **DATE:** _____

Please send form to: The Membership Secretary, Old Marlingtonians' Association, Marling School, Stroud, Gloucestershire, GL5 4HE.