MEMBERSHIP ENROLMENT FORM

for paying subscriptions direct to WHA

If you would like to join WHA and pay your subscriptions direct, please complete this form

DETAILS OF APPLICANT

Title

Forename(s)

Surname

Address

Postcode

Date of birth* – – *age must be under 65

Marital status (please tick one)

☐ Married ☐ Widowed

☐ Single ☐ Divorced/Separated

If you have chosen a Partners Scheme, complete the following

Partner's surname Title

Partner's forename(s)

Date of Birth – –

Choose your scheme

Please tick the scheme you require and how you wish to pay

(please tick one)

Scheme choice	By Direct Debit* per month	By Cheque per year
Personal 145	☐ £6.28	☐ £75.40
Personal 235	☐ £10.18	☐ £122.20
Personal 325	☐ £14.08	☐ £169.00
Partners 290	☐ £12.56	☐ £150.80
Partners 470	☐ £20.36	☐ £244.40
Partners 650	☐ £28.16	☐ £338.00

SUBSCRIBER'S DECLARATION

I wish to be a subscriber to WHA and agree to be bound by the Conditions of Benefit for the time being in force:

Signature

Date

Return to:

WHA, 60 Newport Road, Cardiff, CF24 0YG.
If you have any queries please call 029 2048 5461

***IF YOU WOULD LIKE TO PAY BY DIRECT DEBIT, PLEASE COMPLETE THE FOLLOWING SECTION:**

INSTRUCTION TO YOUR BANK OR BUILDING SOCIETY TO PAY BY DIRECT DEBIT

DIRECT Debit

Please fill in the whole form including official use box using a ball point pen and send to:
Welsh Hospitals and Health Services Association, 60 Newport Road, Cardiff, CF24 0YG

NAME AND FULL POSTAL ADDRESS OF YOUR BANK OR BUILDING SOCIETY

To: The Manager of

Bank / Building Society

Address

Postcode

NAME(S) OF ACCOUNT HOLDER(S)

BANK / BUILDING SOCIETY ACCOUNT NUMBER

BRANCH SORT CODE

– –

SERVICE USER NUMBER: 8 5 3 8 8 6

REFERENCE

0 0 0 0 0 0 0 0 0 0 0

FOR WELSH HOSPITALS AND HEALTH SERVICES ASSOCIATION OFFICIAL USE ONLY

This is not part of the instruction to your bank or building society.

Please choose one of the two payment dates stated below. (Please tick one box.)

☐ First day of the month ☐ Fifteenth day of the month

Instruction to your Bank or Building Society

Please pay Welsh Hospitals and Health Services Association Direct Debits from the account detailed in this Instruction, subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with Welsh Hospitals and Health Services Association and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)

Date

Banks and Building Societies may not accept Direct Debit Instructions for some types of account

The Direct Debit Guarantee *(this guarantee should be detached and retained by the Payer).*

DIRECT Debit

• This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits • If there are any changes to the amount, date or frequency of your Direct Debit Welsh Hospitals and Health Services Association will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Welsh Hospitals and Health Services Association to collect a payment, confirmation of the amount and date will be given to you at the time of the request • If an error is made in the payment of your Direct Debit, by Welsh Hospitals and Health Services Association or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society - If you receive a refund you are not entitled to, you must pay it back when Welsh Hospitals and Health Services Association asks you to • You can cancel a Direct Debit at any time by simply contacting your bank or building society. written confirmation may be required. Please also notify us.