

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	<input type="text"/>

Date of birth* <input type="text"/> - <input type="text"/> - <input type="text"/>	*age must be under 65
Marital status (please tick one)	
<input type="checkbox"/> Married	<input type="checkbox"/> Widowed
<input type="checkbox"/> Single	<input type="checkbox"/> Divorced/Separated
If you have chosen a Partners Scheme, complete the following	
Partner's surname	Title
Partner's forename(s)	
Date of Birth	<input type="text"/> - <input type="text"/> - <input type="text"/>

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	<input type="checkbox"/> £6.28	<input type="checkbox"/> £75.40
Personal 235	<input type="checkbox"/> £10.18	<input type="checkbox"/> £122.20
Personal 325	<input type="checkbox"/> £14.08	<input type="checkbox"/> £169.00
Partners 290	<input type="checkbox"/> £12.56	<input type="checkbox"/> £150.80
Partners 470	<input type="checkbox"/> £20.36	<input type="checkbox"/> £244.40
Partners 650	<input type="checkbox"/> £28.16	<input type="checkbox"/> £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



Please fill in the form and send to: WHA, 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	

ORIGINATOR'S IDENTIFICATION NUMBER
8 5 3 8 8 6

REFERENCE NUMBER (FOR COMPANY USE ONLY)
<input type="text"/>

NAME(S) OF ACCOUNT HOLDER(S)

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 WHSA and, if so, details will be passed electronically to my Bank/Building Society.

BANK / BUILDING SOCIETY ACCOUNT NUMBER
<input type="text"/>

Signature(s)
Date

BRANCH SORT CODE
<input type="text"/>

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).



• This guarantee is offered by all Banks and Building Societies which take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society. • If the amounts to be paid or the payment dates change, Welsh Hospitals and Health Services Association will notify you 10 working days in advance of your account being debited or as otherwise agreed. • If an error is made by Welsh Hospitals and Health Services Association or your Bank or Building Society you are guaranteed a full and immediate refund from your branch of the amount paid. • You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.