



Credit Card Payment Details Form

Member Name:

Membership No:

Post Code:

| Type of Membership Required | Tick as appropriate |
|-----------------------------|---------------------|
| Full £32 | |
| Associate £17 | |
| Junior (U25) £17 | |
| EU £32 | |
| Overseas £12 | |

Card Details:

Type of Card: (Tick)

| Visa | Visa Debit | MasterCard | Solo | Other(name) |
|------|------------|------------|------|-------------|
| | | | | |

Card Number:

Card Start Date:

Card Expiry:

Card Security Number (last 3 on reverse strip)

Name as printed on card:

Amount to be debited (£):