FROM THE HON. MEMBERSHIP SECRETARY

East Bergholt Place, East Bergholt, Suffolk CO7 6UP, UKTEL: +44 (0)1206 299224 E-MAIL: sales@placeforplants.co.uk

Membership Application Form

Payment by Direct Debit (form atta-	ched)	£20.00
Payment by cheque/debit or credit of	card/PayPal	£22.50
Payment for Three Years in Adva	ince by cheque, card or PayPal	£60.00
Member's Name	RH	IS Membership No
Address		
		Postcode
Telephone	Email	
(a) I enclose a completed Direct Deb	bit Instruction form	
(b) I enclose a Sterling cheque for £	drawn in favour of 'The Rh	ododendron, Camellia and Magnolia Group'.
(c) Please charge my VISA/Masterca	ard a/c with the sum of £	
www.rhodogroup-rhs.org to pay on	line	nt to rcmgpaypal@woodtown.net or visit
THIS SECTION WILL BE DESTROYED .	AFTER TRANSACTION IS SUCCESSF	SULLY PROCESSED – NO CARD DETAILS ARE RETAINED
Card/Account No.		
		ecurity Number (Last 3 digits on back of card

Please return this form to: Hon. Membership Secretary, East Bergholt Place, East Bergholt, Suffolk, CO7 6UP





Instruction to your bank or building society to pay by Direct Debit

Eazy Collect Services Ltd 1 Tebbit Mews Winchcombe Street Cheltenham Gloucestershire GL52 2NF	OFFICIAL USE BOX Please Complete and return to: Rhododendron, Camellia and Magnolia Group Appledore Upton Bishop Ross-On-Wye HR9 7UL T: 01989 780699
Name(s) of account holder(s)	Service User Number
	4 1 9 1 0 5
Bank/building society account number	Reference
	R C M G
Branch sort code	Instructions to your Bank or Building Society Please pay Eazy Collect Services Ltd 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
To: The Manager Bank/building society	with Eazy Collect Services Ltd and, if so, details will be passed electronically to my bank/building society.
Address	Signature(s)
Postcode	Date

Banks and building societies may not accept Direct Debit Instructions for some types of account

This guarantee should be detached and retained by the payer.

