Application Form BLOCK CAPITALS PLEASE		MEMBERSHIP CATEGORIES
TITLE INITIALS SURNAME DA	TE OF BIRTH	Individual £25.50 per year
		Individual & additional member living at the same address £33 per year
ADDRESS		Family Group Two parents or partners and their children under 16 at the same address £40 per year PAYMENT METHOD please tick approprate box I enclose a cheque for £ made payable to the Lundy Fund
POSTCODE DAYTIME TEL NO		
ADDITIONAL MEMBER OR MEMBER'S PARTNER		
TITLE INITIALS SURNAME DATE OF	BIRTH	Please charge £ to my Visa/Mastercard number
		Security Number Expiry date
FAMILY MEMBERS (names of children under 16)		
TITLE INITIALS SURNAME DATE OF BIRTH		Cardholder's signature Cardholder's name
		Cardholder's address if different from member's address
		(BLOCK CAPITALS PLEASE)
		We promise that any information you give will be used for the purposes of the Lundy Fund and the Landmark Trust only. We will write to you about our work and will occasionally include details of products developed by third parties in association with the Landmark Trust and the Lundy Fund. Should you not wish to hear about such services please tick this box.
Instructions to your Bank or Building Society to pay by Direct Debit Please fill in the form and sent to: The Landmark Trust, Shottesbrooke, Maidenhead, Berkshire, SL63SW Name and full postal addess of your Bank or Building Society		
To: The Manager Bank/Building	Society 9 1 (
Address	9 1 0	0 9 9 6
Poscodo		ons to your Bank or Building Society bay The Landmark Trust Direct Debits from the account detailed in this
Name(s) of account holders(s)		on subject to the safeguards assured by the Direct Debit Guarantee.
		tand that this instruction may remain with The Landmark Trust and, if ils will be passed electonically to my Bank/Society.
Bank/Building Society account number Branch sort code		
	Signatures	(S)
	Date	
This guarantee should be detached and retained by the Payer The Direct Debit Guarantee		

• If there are any changes to the amount, date or frequency of your Direct Debit The Landmark Trust will notify you 14 working days in advance of your account being debited or as otherwise agreed. If you request

• If an error is made in the payment of your Direct Debit by The Landmark Trust 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

• This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits

- If you receive a refund you are not entitled to, you must pay it back when The Landmark Trust asks you to

The Landmark Trust to collect a payment, confirmation of the amount and date will be given to you at the time of the request

· 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.