

# THE LAURENCE SOCIETY OF HOLISTIC MEDICINE

## Membership Renewal Form

Full Name:	
Address:	
Postcode:	
Telephone (home):	Telephone (mobile):
Email:	
Date:	Signature:

*Signature of this application form confirms that you give permission to the Laurence Society of Holistic Medicine to hold your personal data securely for administrative purposes for the email / posting of the Society Journal and details of forthcoming events.*

The annual subscription for members, which falls due on 1st October each year, is currently £15.00. The annual subscription for overseas members, not paid in GBP, is currently £25.00. Subscriptions include the Journal.

NOTE: We would be grateful if the Bankers Order is completed to reduce administrative costs.

### BANKERS ORDER FORM

To the Manager of: (Bank Name & Address) .....

.....

Please pay The Laurence Society of Holistic Medicine £15.00 per annum to: HSBC Bank plc., 19 High Street, Haslemere, Surrey GU27 2HQ (A/C Name: The Laurence Society of Holistic Medicine, Sort Code: 40-23-15, Account No: 41004654) commencing 1st October next until further notice, debiting

Account No. ....

Sort Code ..... - ..... - ..... Name of Account .....

My address.....

.....

..... Post Code .....

Signed ..... Date .....

This cancels previous standing orders made to The Laurence Society of Holistic Medicine.

*Please return the whole form to:*  
 Kate Wilson - Secretary, The Laurence Society of Holistic Medicine,  
 Withersdane Green Cottage, Wye, Ashford, Kent TN25 5DL.