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) …….

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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, Wye, Ashford, Kent TN25 5DL.