



Coodal Charity.

Associate membership application form

Applicants Name:	Mr/Mrs/Miss/Ms/Dr
Address	
	Post Code:
Telephone No:	
Email address:	

Signed by (electronic signature- Type your name)	
Applicants Bank details	Account Holder's Name:
	Sort Code: Account No:
Bank Name	

I----- wish to apply for Associate membership of the Coodal charity and will pay a subscription of minimum subscription payment of £60/year or £15/quarter, or £5/month as an associate member (Please cross off one of them).

Please set up a standing order with your bank to pay into the following Coodal account.

Account details for COODAL

Bank and branch name	Lloyds Bank
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Address	
Sort code	30 99 50
Account No:	13035962
Account Name	Coodal
Amount of Payment £-----per month/quarter/year starting on the date----- -----until further notice	

Once completed, please hand it over to your Bank for processing a standing order for payment. Alternatively, you could set up a standing order if you have an electronic banking facility.

Please send a copy electronically to Dr R. Gowribalan at his email, which is rgbalan@gmail.com.

And to Dr Shan at his email sella.dasan@gmail.com.