

FRIENDS OF CAPEL MANOR SEASON TICKET SCHEME: 2015 – 2016 RENEWAL FORM

Current Membership No: O / S / D / D&G / F: _____ **Expiry Date:** _____
(Please circle relevant membership type and add number)

Name Member 1: _____

Address: _____
(All information will be sent to this address unless otherwise stated) _____ **Postcode:** _____

Telephone No: _____

Name Member 2: _____
(If applicable) (This does not apply to Single Membership card holders)

Address: _____
(If different from Member 1) _____
_____ **Postcode:** _____

Telephone No: _____
(If different from Member 1)

For research purposes only, please can you tick which box applies to your age group:

18yrs – 29yrs 30yrs – 39yrs 40yrs – 49yrs 50yrs – 59yrs 60yrs plus

E-mail Address: _____
If you wish to receive Capel Manor updates and our regular Newsletter, please provide us with an e-mail address above (unless already provided).

Type of Ticket Required: (Please note: the card will need to be shared as only one is issued per membership)

Single Concession Membership: <u>One concession member only</u>	£25	<input type="checkbox"/>
Single Membership: <u>One member only</u>	£30	<input type="checkbox"/>
Double Membership: <u>Two members only</u>	£35	<input type="checkbox"/>
Double Membership plus Guest: <u>Two members plus one guest</u>	£40	<input type="checkbox"/>
Family Membership: <u>Two members (both adults) plus up to three children</u>	£50	<input type="checkbox"/>

Signature Member 1: _____ **Date:** _____

Signature Member 2: _____ **Date:** _____

For Office Use Only:

New Membership No: _____

Date of Issue: _____ **Expiry Date:** _____

New Season Tickets will start from the day after your existing card expires or the day after we receive your renewal notice, whichever is later.

Payment Details:

PLEASE NOTE: CHEQUES ARE NO LONGER ACCEPTED – WE APOLOGISE FOR ANY INCONVENIENCE CAUSED

Please circle which member is making payment: **Member 1 or Member 2**

I would like to pay by **Visa / Mastercard / Switch**

Issue No: (switch only)

Card No:

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Please ensure number is complete and address is that of the cardholder

Start Date:

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Expiry Date:

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Insert last three digits on signatory strip:

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Please telephone me on:,..... so that debit/credit card payment can be made over the phone.

Alternatively you can bring this form along with you on your next visit to Capel Manor and pay at our main reception by either cash or debit/credit card.

Please return form and payment to:

**Mrs L Trumble
Administrative Assistant
Capel Manor College
Bullsmoor Lane
Enfield
Middlesex
EN1 4RQ**

Tel: 08456 122122

PLEASE NOTE: We do not keep any of your payment details on file, this page will be destroyed once monies have been received.