

ANGLO-NETHERLANDS SOCIETY

c/o Embassy of the Kingdom of the Netherlands, 38 Hyde Park Gate, London, SW7 5DP
Mobile telephone and SMS: 07401 660 615 (office open on most Wednesdays from 11am to 3pm)
Email: administrator@anglo-netherlands.org.uk Website: www.anglo-netherlands.org.uk

APPLICATION FOR MEMBERSHIP

PLEASE COMPLETE IN CAPITALS

Date:

Name(s): (i).....Mr/Mrs/Miss/Ms

(ii).....Mr/Mrs/Miss/Ms

I agree to become a member of the Anglo-Netherlands Society, a Company Limited by Guarantee number 4322131, and be bound by its Memorandum and Articles. In the event of the Society being wound up, I undertake to contribute a sum not exceeding £1.00. The Society applies GDPR-Regulations.

Signed (i)..... Signed (ii).....

Address:.....

.....

..... Postcode

Phone :..... e-mail.....

Please tell us how you heard of the Society, and what you'd expect from your membership:.....

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The membership year of the Society is from 1st January to 31st December, and there is no entrance fee. Annual dues stated below for the year 2023 are valid until further notice. Please tick the relevant boxes.

JOINT¹ MEMBERS (£30 pa) SINGLE MEMBER (£23 pa)

JOINT¹ MEMBERS with Country rebate² (£25 pa) SINGLE MEMBER with Country rebate² (£20 pa)

JOINT¹ MEMBERS aged under 35 (£15 pa) SINGLE MEMBER aged under 35 (£10 pa)

Payment in case of Standing Order: form enclosed or: will be set up via internet banking once advised

¹Two members at a single address, receiving one copy of each mailing. ² A Country rebate is available for members whose address is outside a radius of 50 miles from Hyde Park Corner.

New members who join during the calendar year pay a reduced first-year rate, please contact the Administrator. Applications dated after 31 October are at the full annual rate, covering dues until 31 December the following year.

Please scan and email this form to administrator@anglo-netherlands.org.uk. After formal acceptance as a member we will ask you to set up a Standing Order (our preferred means of payment, an internet banking transfer is equally acceptable). If you do not use internet banking, please contact the administrator.

For Office Use Only Date Payment Made _____ Amount Paid _____ Next Payment Due Date _____

Administrator to ensure information is copied to database and please sign below when completed