King Alfred School Society Membership Form

Please complete and return the form below and the direct debit form overleaf to

The Society (KASS), Bursary, The King Alfred School, 149 North End Road, London NW11 7HY

	Member 1	Member 2
Forename:		
Surname:		
Maiden Name (if applicable):		
Address:		
Email:		
Phone Number:		
I AGREE to be a member of 'the King Alfred School Society (the Society) and to receive information from the Society by	Yes 🗆	Yes 🗆
electronic means and/or the School website.	No 🗆	No 🗆
All information about the Society will be available on the King Alfred School website. We are an environmentally friendly school and prefer to send communications electronically. However, if you wish to receive a paper copy of the Society's AGM information, please note your preference.	Paperwork requested 🗆	Paperwork requested 🗆
I am happy for the King Alfred School to contact me by electronic means and/or by the School website to keep me informed of Old Alfredian events and news, including fundraising activities.	Yes 🗆	Yes 🗆
I understand I may update my preferences or unsubscribe at any time by contacting us on OA@kingalfred.org.UK		
Signature:		
/ We would like:		

£30 joint membership to the Society

£20 individual membership to the Society

I/we have filled in the Direct Debit form overleaf and note that the first direct debit of amount will be collected from the account annually in September. A renewal notice will be sent to you each July and your annual subscription will be renewed unless you let us know otherwise, the direct debit will be collected in September.

For information on how your information is used and stored, please see our Privacy Policy on our website (www.kingalfred.org.uk)





King Alfred School Society 149 North End Road London NW11 7HY	Service	user n	umber								
	7	2	8	8	6	4					
Name(s) of account holder(s) Bank/building society account number Branch sort code	Please p detailed Direct D with King	tion to y bay King in this li ebit Gua g Alfred	g Alfred S nstructio arantee. School S	School S n subjee I unders Society	iliding so Society D Et to the s stand tha and, if so g society	irect D safegu t this Ir o, detai	ards a nstruc	assure tion r	ed by th nay ren	e	
Name and full postal address of your bank or building society To: The Manager Bank/building society Address Bank/building society	Signatur	e(s)									

Banks and building societies may not accept Direct Debit Instructions for some types of account

Postcode

Date

