



MEMBERSHIP RENEWAL STANDING ORDER FORM

*Please complete using **BLOCK CAPITALS***

Surname		First Name(s)	
Title (Mr/Mrs etc)			
Address			
Town			
County		Postcode	
Country (if not UK)			
Bank & Address		Sort Code	
Account Name		Account Number	
ACPAT Membership Number *			
*	Issuing Bank, please quote for receiving bank REFERENCE		

Beneficiary Name:	The Association Of Chartered Physiotherapists in Animal Therapy
Beneficiary Bank:	HSBC 58 High Street, Winchester, Hants, SO23 9BZ
Beneficiary Sort Code:	40-46-39
Beneficiary Account Number:	41317911
Date of Payment:	Annually
Amount:	
Amount in words:	

PLEASE FORWARD TO YOUR BANK

SIGNATURE

DATE:

Please send a copy of the completed form to ACPAT SECRETARY
Pembroke House, Middle Lane, Shotteswell, Nr Banbury OX17 1JQ