# Wokingham Horticultural Association Renewal Form

Title: \_\_\_\_\_\_\_ Date: ………………..

Forename: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has there been any change to your address, email or phone number?

Please tell us here:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Membership Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location & Plot Number if applicable: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Annual Subscription Rates (2024)

|  |  |
| --- | --- |
| ***Under***  ***60’s*** | ***Over 60’s*** |
| ***Individual £8*** | ***£6.*** |
| ***Joint £12***  ***Group (e.g. school) £9*** | ***£9\**** |

\*(if only one joint member is over 60 the Over 60 rate applies)

**Please indicate payment method:**

|  |  |
| --- | --- |
| **□** Bank Transfer: (preferred method)  Account: Wokingham Horticultural Association  Sort Code: 40-47-09  Account number 51606786  Reference: Membership | **□** Cheque  Please send the **completed application form &** **cheque** for the relevant amount (see above) made payable **to Wokingham Horticultural Association**  WHA Membership Secretary, c/o 5 Lime Close, Wokingham, RG41 4AW. |
| **□** Cash payment at Ormonde Road Trading Store | **Membership cards can be collected from the Trading Store or enclose a stamped addressed envelope with your cheque** |

*Your privacy is important to us so we will keep your personal data secure. We need your personal details to process and manage your membership and to deliver your membership benefits. Please refer to the website for the WHA Policy.*