



MEMBERSHIP FORM

Full Name

.....

Address

.....

Phone no.

.....

.....

Postcode

Email:

Bank Name

.....

Bank Address

.....

Sort Code Number

.....

.....

Account Number

.....

.....

I/we agree that if we wish to cancel this order I/we will inform The Mix directly.

Signature

.....

Date

.....

Please return this form to

**The Mix Stowmarket, 127 Ipswich Street,
Stowmarket, IP14 1BB.**

Thank you and good luck!