

So, why not become a Member?



Membership Application

Become part of the group which is helping to boost your local health services.

I wish to become a Member of the Friends of Worthing Hospitals.

- I enclose the sum of £..... as my annual subscription (minimum subscription £5.00)
- I wish to make a donation and enclose £.....

I would like

Please tick box

- | | | |
|----|---|--------------------------|
| 1) | To make a regular subscription payment by Standing Order | <input type="checkbox"/> |
| 2) | My subscription payment to be treated as Gift Aid – I am a current Tax payer | <input type="checkbox"/> |
| 3) | To leave a Legacy to the Friends of Worthing Hospitals | <input type="checkbox"/> |

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Signature:

Address:

..... Postcode:

Please make your cheques payable to **“The League of Worthing Hospitals and Community Friends”** and forward it, together with this completed form to:

The Membership Secretary,
The Friends of Worthing Hospital,
Worthing Hospital
Lyndhurst Road Worthing
West Sussex
BN11 2DH

Tel: 01903 205111