

APPLICATION FOR MEMBERSHIP OF THE INDEPENDENT MARKETING PARTNERSHIP



Join now and receive 3 months FREE MEMBERSHIP plus a FREE Practice Marketing Manual

Please download, print and complete this form. Then post it to The Independent Marketing Partnership,
9 Southwood Gardens, Hinchley Wood, Esher, Surrey KT10 0DF

To: Independent Marketing Partnership Ltd

Please accept my application for membership of the Independent Marketing Partnership. I understand that I will receive 3 months free trial membership if I pay by annual Standing Order and that my fee only becomes payable at the end of this free trial period. I also understand that if I cancel my membership during my free trial then no fee is subsequently payable.

Name: (Mr/Mrs/Miss/Ms) Position:

Main Practice Name:

Address:

.....

Postcode:

Tel: (.....)..... Fax:

Email:

PAYMENT OPTIONS

I qualify for 3 months **FREE TRIAL MEMBERSHIP** having chosen to pay any future subscription by annual Standing Order. (Please fill in your bank details below and return the entire form to Independent Marketing Partnership Ltd. It will not be processed until after your free trial period).

or

I do not wish to pay by Standing Order and receive free trial membership. Please find enclosed my cheque for **£464.13** (£395+VAT) made payable to the Independent Marketing Partnership Ltd as payment of my annual membership fee.

STANDING ORDER MANDATE

To The Manager: BANK NAME

BANK ADDRESS

..... POSTCODE

BANK SORT CODE:/...../..... BANK ACCOUNT NO:

BANK ACCOUNT NAME:

QUOTING REF (for bank use only)

Please pay to the order of the Independent Marketing Partnership Ltd, Account No: **5134 3041** at HSBC Bank, Thames Ditton, Surrey (Sort Code: **40 - 44 - 11**) the sum of **£464.13** (£395+VAT) **now** and the same amount **annually** thereafter, being my subscription to the Independent Marketing Partnership, and debit my account accordingly until countermanded by me in writing.

NAME..... SIGNATURE..... DATE.....