

TRANS
MEDIA WATCH
Accuracy - Dignity - Respect
www.transmediawatch.org

Trans Media Watch Membership Application

Name _____

Address _____

Email _____

Phone _____

I apply to become a member of Trans Media Watch for the year starting _____

and enclose my membership fee of £ _____. (*The minimum membership fee is £10.*)

Tick if you are a UK taxpayer and would like us to claim Gift Aid on your membership fee.

Signed _____

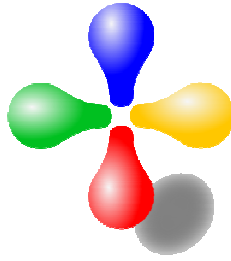
Date _____

Tick if you would like your address and phone number kept confidential.

(Please note that we must be able to supply contact details of each member of the charity to any member on request.)

Please return this signed and dated form to:

Trans Media Watch, BM TMW, LONDON, WC1N 3XX



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Trans Media Watch Banker's Order

To the Manager,

Bank Name: _____

Branch Name: _____

Address: _____

Sort Code: ____ - ____ - ____

Please pay to **The Co-operative Bank** for the credit of **Trans Media Watch**

(sort-code **08-92-99**, account number **65456152**)

the sum of £ _____ from my account number _____

on the _____ (day) of _____ (month), _____ (year) and hereafter on the same day
of each following year until further notice.

Signed _____

Date _____

Please return this signed and dated form to:

Trans Media Watch, BM TMW, LONDON, WC1N 3XX