

**BRITISH VETERANS FAMILY CARD APPLICATION FORM**

***FAMILY RECOGNITION CARDS WILL BE SENT TO THE MEMBER'S ADDRESS***

**Member's Details**

Membership No: \_\_\_\_\_ Name: \_\_\_\_\_

Post Code: \_\_\_\_\_

**Relationship to the Member:**

Wife  Husband  Son  Daughter

**Personal Details**

Mailing Title: Mr  Mrs  Miss  Other

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

Forenames: \_\_\_\_\_

Contact Tel: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth (dd/mm/yy): \_\_\_ / \_\_\_ / \_\_\_ Post Code: \_\_\_\_\_

Current Occupation: \_\_\_\_\_

Marital Status: \_\_\_\_\_

I enclose a current passport photograph, signed on the reverse.

To corroborate my photograph I enclose a photocopy/scan of the whole page, including the picture, of my EU Driving Licence or Passport.

I wish to apply for membership as follows:

1 year at £ 12.50

5 years at £57.50

I certify that the information provided above is correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please see next page for Payment Options**

**PAYMENT OPTIONS**

*Overseas members please add £1.50 for 1 year and £5.00 for a five year card.*

I enclose a cheque for £\_\_\_\_\_

Please make cheques payable to **British Veterans**

**COMPLETE THIS SECTION FOR PAYMENT BY MASTERCARD/VISA**

Mastercard

Visa

Mastercard/Visa number

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Name of Cardholder \_\_\_\_\_

Address of Cardholder  
(if different from letter)

Expiry Date

**OR COMPLETE THIS SECTION FOR PAYMENT BY MAESTRO / DELTA CARD**

Maestro

Delta

Maestro/Delta Number

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Name of Cardholder \_\_\_\_\_

Address of Cardholder  
(if different from letter)

Expiry Date

Maestro issue no

**Please Return to:  
British Veterans  
Little Troys  
Faulkbourne, Witham  
Essex  
CM8 1SL**