

**PLEASE RETURN THE COMPLETE FORM TO LCA, PO Box 674, Salfords, RH1 9BN**

*If you are paying by cheque or postal order, please enclose it with this form. Pay "LCA". If paying by standing order please complete both parts of this form and return to LCA.*

**I would like to join the Legalise Cannabis Alliance**

Name: ..... Date of Birth: .....

Address: .....

..... Post Code: .....

E-Mail: ..... Tel: .....

**METHOD OF PAYMENT:**

Standing order form sent to bank paying £ ..... per **calendar month**

LCA ref:
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OR

Regular cheques sent to LCA at rate of £..... every 6 months / 12 months: enclosed

£
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Date: ..... signed .....

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**Standing Order Mandate**

To .....(name of YOUR bank)

Address .....(address of your bank)

..... Post Code: .....

Please pay: **National Westminster Bank, 45 London Street, Norwich, Norfolk, NR2 1HX**

**Sort Code: 60 - 15 - 31**

**for the credit of the LCA, account number: 23740116**

the sum of £ .....(in figures) | .....(amount in words)

commencing ..... / ..... / 201.., and **monthly** thereafter until further notice from me / us in writing

debiting my / our account number ..... accordingly

**signed** ..... date ..... / ..... / 201..

signed (for joint accounts) ..... date ..... / ..... / 201..

Name : .....

LCA payment ref:
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Address : .....

..... Postal Code : .....