



**HELP
YOUR
CLUB** BY JOINING THE



APPLICATION FORM

Mr Mrs Miss

Full Name _____

Address _____

Postcode _____

Tel. no _____ Email _____

Choose Date(s)
(£1 per Date Per Week)

1. ____/____/____
2. ____/____/____
3. ____/____/____
4. ____/____/____

I WISH TO PAY BY:

A. By Cheque/Cash in advance direct to Lincoln City FC
Quarterly £13, half yearly £26, annually £52, per each date)

B. By Debit/Credit Card
Complete form 1 overleaf

C. By Standing Order
Complete form 2 overleaf (Our preferred option)

You can also join online at www.impsbirthdaylotto.com

FORM 1

DEBIT/CREDIT CARD PAYMENT - I wish to pay by my Debit/Credit Card

Annually £52 Half Yearly £26 Quarterly £13 Monthly £4.33 Per each Date

CARD TYPE _____

NAME OF HOLDER _____

CARD NO.

VALID FROM EXPIRY DATE

SECURITY NO. (last 3 digitis on reverse of card)

**Please debit my Debit/Credit Card with my first subscription of
£ _____ immediately and at the intervals specified until further notice**

FORM 2

STANDING ORDER

Ref

(official use only)

TO (your bank) _____

BANK ADDRESS _____

POSTCODE _____

PLEASE PAY: THE CO-OPERATIVE BANK, SALTERGATE, LINCOLN

SORT CODE - 08-90-32 ACCOUNT NO. - 70231100

ACCOUNT NAME - 'Imps Birthday Lotto'

PER DATE:

Quarterly £13 Half Yearly £26 Annually £52 Monthly £4.33

COMMENCING ____/____/____ Until further notice

ACCOUNT NAME _____

ACCOUNT NUMBER SORT CODE

SIGNATURE _____