**Annual Subscription Claim Form**

*Please submit your claim within 6 months.*

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| --- | --- |
| **Name** |  |
| **Membership no.** |  |
| **County role** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Subscription paid by** |  | | |
|  | **unit/district/division** | | |
| **Amount** | **£** | **Year** | **20 \_ \_** |

**Payment will be made by bacs transfer.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sort code** |  |  |  |  |  |  | **Account no.** |  |  |  |  |  |  |  |  |
| **Account name** |  | | | | | | | | | | | | | | |

|  |  |
| --- | --- |
| **Remittance email** |  |

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| **Please email to:** county.treasurer@girlguidingessexsoutheast.org.uk |