

Membership payment form

For payment by credit / debit card



abdo

Name:

Address:

Postcode:

Telephone:

Email:

ABDO membership number:

Please debit my account for the total amount of £

Card number:

Card type: VISA Mastercard Maestro

Expiry date: / Start date: /

Security code: (Last 3 digits on signature strip on reverse of card)

Issue no: (Maestro only)

Name of cardholder:

Date:

Signed: _____

Card registered to: (Please give name and address if different from above)

Name:

Address:

Postcode:

Please return to:

ABDO Membership Services, Godmersham Park, Godmersham, Canterbury, Kent CT4 7DT