

JOIN TODAY AND RECEIVE HALF PRICE SYNDICATE/GROUP MEMBERSHIP

To become a Syndicate/Group member please complete the form and return to the address below with your payment. Syndicate/Group membership of the Countryside Alliance is available to any group, club or syndicate with seven members or more. All named members of the group are full members of the Countryside Alliance and are covered by our insurance policy as individuals

GROUP MEMBERSHIP

SPECIAL OFFER - HALF PRICE MEMBERSHIP FOR FIRST YEAR

Seven people with an annual payment of £189.00 (usually £378.00)
Each extra person add an annual payment of £27.00 (usually £54.00)

Name of Group

Number of Members Total cost £
(minimum of seven)

The Countryside Alliance is a registered data controller. As a member of the Countryside Alliance we will use the data you provide us with for marketing, statistical and analytical purposes and to administer your insurance. You will receive membership communications and we will keep you up to date with our work and promotions. The Alliance sometimes allow carefully screened organisations to contact our supporters. This can help raise valuable funds to help our work. I am happy to receive these communications by: Post Email

PAYMENT

We would like to pay by debit/credit card Visa Mastercard Maestro Delta

Card No

Valid From Valid To Issue No Security Code

Name On Card

We would like to pay/donate by cheque. Please make your Cheque payable to Countryside Alliance and return it to us with this completed form.

Date

Signature of person responsible for payment Recruiter Code

The Countryside Alliance is an appointed representative of Countryside Alliance Insurance Services Ltd which is authorised and regulated by the Financial Services Authority in respect of general insurance business. Please note that neither the Countryside Alliance nor Countryside Alliance Insurance Services Ltd are able to provide personal advice to prospective or actual members concerning the suitability or adequacy of the insurance membership benefits. Consequently you will need to satisfy yourself that the benefits are appropriate for your particular circumstances or seek professional advice. For further information, please call the Countryside Alliance insurance helpline provided by Howden UK Group Ltd on 01234 311255.

PERSONAL DETAILS OF GROUP LEADER GROUP MEMBER 1

(Please use BLOCK CAPITALS)

Title Surname First Name DOB

Address

Post Code

Email Tel No.

PERSONAL DETAILS OF GROUP MEMBER 2

Title Surname First Name DOB

Address

Post Code

Email Tel No.

PERSONAL DETAILS OF GROUP MEMBER 3

Title Surname First Name DOB

Address

Post Code

Email Tel No.

Return to: Countryside Alliance 1 Spring Mews Tinworth Street London SE11 5AN

Please photocopy this page to include details of additional members

PERSONAL DETAILS OF GROUP MEMBER 4

Title	<input type="text"/>	Surname	<input type="text"/>	First Name	<input type="text"/>	DOB	<input type="text"/>
Address	<input type="text"/>						
	<input type="text"/>					Post Code	<input type="text"/>
Email	<input type="text"/>					Tel No.	<input type="text"/>

PERSONAL DETAILS OF GROUP MEMBER 5

Title	<input type="text"/>	Surname	<input type="text"/>	First Name	<input type="text"/>	DOB	<input type="text"/>
Address	<input type="text"/>						
	<input type="text"/>					Post Code	<input type="text"/>
Email	<input type="text"/>					Tel No.	<input type="text"/>

PERSONAL DETAILS OF GROUP MEMBER 6

Title	<input type="text"/>	Surname	<input type="text"/>	First Name	<input type="text"/>	DOB	<input type="text"/>
Address	<input type="text"/>						
	<input type="text"/>					Post Code	<input type="text"/>
Email	<input type="text"/>					Tel No.	<input type="text"/>

PERSONAL DETAILS OF GROUP MEMBER 7

Title	<input type="text"/>	Surname	<input type="text"/>	First Name	<input type="text"/>	DOB	<input type="text"/>
Address	<input type="text"/>						
	<input type="text"/>					Post Code	<input type="text"/>
Email	<input type="text"/>					Tel No.	<input type="text"/>

PERSONAL DETAILS OF GROUP MEMBER 8

Title	<input type="text"/>	Surname	<input type="text"/>	First Name	<input type="text"/>	DOB	<input type="text"/>
Address	<input type="text"/>						
	<input type="text"/>					Post Code	<input type="text"/>
Email	<input type="text"/>					Tel No.	<input type="text"/>

PERSONAL DETAILS OF GROUP MEMBER 9

Title	<input type="text"/>	Surname	<input type="text"/>	First Name	<input type="text"/>	DOB	<input type="text"/>
Address	<input type="text"/>						
	<input type="text"/>					Post Code	<input type="text"/>
Email	<input type="text"/>					Tel No.	<input type="text"/>

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PERSONAL DETAILS OF GROUP MEMBER 10

Title	<input type="text"/>	Surname	<input type="text"/>	First Name	<input type="text"/>	DOB	<input type="text"/>
Address	<input type="text"/>						
	<input type="text"/>					Post Code	<input type="text"/>
Email	<input type="text"/>					Tel No.	<input type="text"/>

PERSONAL DETAILS OF GROUP MEMBER 11

Title	<input type="text"/>	Surname	<input type="text"/>	First Name	<input type="text"/>	DOB	<input type="text"/>
Address	<input type="text"/>						
	<input type="text"/>					Post Code	<input type="text"/>
Email	<input type="text"/>					Tel No.	<input type="text"/>

PERSONAL DETAILS OF GROUP MEMBER 12

Title	<input type="text"/>	Surname	<input type="text"/>	First Name	<input type="text"/>	DOB	<input type="text"/>
Address	<input type="text"/>						
	<input type="text"/>					Post Code	<input type="text"/>
Email	<input type="text"/>					Tel No.	<input type="text"/>

PERSONAL DETAILS OF GROUP MEMBER 13

Title	<input type="text"/>	Surname	<input type="text"/>	First Name	<input type="text"/>	DOB	<input type="text"/>
Address	<input type="text"/>						
	<input type="text"/>					Post Code	<input type="text"/>
Email	<input type="text"/>					Tel No.	<input type="text"/>

PERSONAL DETAILS OF GROUP MEMBER 14

Title	<input type="text"/>	Surname	<input type="text"/>	First Name	<input type="text"/>	DOB	<input type="text"/>
Address	<input type="text"/>						
	<input type="text"/>					Post Code	<input type="text"/>
Email	<input type="text"/>					Tel No.	<input type="text"/>

PERSONAL DETAILS OF GROUP MEMBER 15

Title	<input type="text"/>	Surname	<input type="text"/>	First Name	<input type="text"/>	DOB	<input type="text"/>
Address	<input type="text"/>						
	<input type="text"/>					Post Code	<input type="text"/>
Email	<input type="text"/>					Tel No.	<input type="text"/>

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