

Dover Athletic Football Club Ltd

Striker Lottery

Crabble Athletic Ground

Lewisham Road

River, Dover, CT17 0JB

Telephone 01304 822373 Fax 01304 821383

Email: striker@doverathletic.com

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Striker Lottery Application Form

I would like to join THE STRIKER commencing from ___/___/___

Mr/Mrs/Ms _____ Full Name _____

Address Line 1 _____

Address Line 2 _____

Address Line 3 _____

Address Line 4 _____ Postcode _____

Telephone No: _____ Email: _____

Signed: _____ Dated: ___/___/___

To the Manager _____ Bank / Building Society _____

Please Pay

Bank	Branch title	Sort Code
Lloyds TSB	Dover	30 - 93 - 34

For the credit of:

Beneficiary's Name	Account Number
Dover Athletic Football Club Ltd - Striker	0 1 5 0 4 4 9 1

For the sum of

Option A	£4.33 Per Month	Four Pounds & Thirty Three Pence
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Option B	£13.00 Per Quarter	Thirteen Pounds Only
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Option C	£4.00 Per 4 weeks	Four Pounds Only
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Date of first payment ___/___/___ Reference _____

And to continue until further notice by me / us in writing,

Account to be debited	Sort Code	Account number
	/ /	

Signature _____ Date _____

For Office Use Only	Membership Number	