



## Joining Praxis

To join Praxis please complete and return this form.

Annual fees are set at a minimum and we are always grateful to those who donate a larger sum in support of our work.

## Your details

Title \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_

Phone \_\_\_\_\_

Email address \_\_\_\_\_

Church / Organisation \_\_\_\_\_

Your Diocese \_\_\_\_\_

## Membership payment

To enable more efficient administration, Praxis only accepts payment by Standing Order except in agreed exceptional circumstances.

- ✚ For **individuals** £15.00  
(1 copy of *Praxis News of Worship*)
- ✚ For **couples** (living at the same address) £20.00  
(1 copy of *Praxis News of Worship*)
- ✚ For **ordinands, readers etc in training** £5.00 (1 copy of *Praxis News of Worship*)
- ✚ For **churches and organisations** £40.00  
(5 copies of *Praxis News of Worship*)
- ✚ For **Diocesan Liturgical Committees** £75.00  
(10 copies of *Praxis News of Worship*)

## Please tick as applicable

- I am joining as an individual (minimum £15.00)
- We are joining as a couple (minimum £20.00)
- I am joining as an ordinand or a Reader-in-training (£5.00). Please state the year you expect to complete your training: 20...
- I am joining on behalf of the church or organisation named on the left. (£40.00)
- I am joining on behalf of a Diocesan Liturgical Committee, or equivalent. (£75.00)

## Standing order

*This cancels any previous mandate made in favour of Praxis*

Name of bank \_\_\_\_\_

Sort code \_\_\_\_\_

Account in the name of \_\_\_\_\_

Your account number \_\_\_\_\_

Address of your bank \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Praxis bank details:

Drummonds, Royal Bank of Scotland  
49 Charing Cross, London SW1A 2DX

Sort code: **16-00-38**

Account Number: **00244055**

Reference: **Praxis**

Please debit my account by £ \_\_\_\_\_  
on the **FIRST** day of \_\_\_\_\_ (month) 201\_\_\_\_ (year)  
and by £ \_\_\_\_\_ on the **anniversary each year**  
thereafter, or until further notice in writing.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please send the completed form to: Praxis, c/o 3 Ravenswood, 23 Wimborne Road, Bournemouth, BH2 6LZ