



***BORDERS DIRECT PAYMENT AGENCY
INDIVIDUAL MEMBERSHIP APPLICATION FORM***

Full Name:

Address:

Postcode:

Telephone number:

Email address:

I wish to become a member of the above organisation.

I accept the aims of the organisation and terms of membership as set out in the Articles of Association of Borders Direct Payment Agency trading as Encompass.

Full copy available on request.

Signed

Date

encompass : Anderson's Chambers Market Street Galashiels TD1 3AF
T 01896 759700 F 01896 757893 E admin@encompassborders.com
www.encompassborders.com



For office use only

Name of Member:

Date application approved/rejected

Signed
On behalf of the Board of Directors

Date

Date membership ceased

Signed
On behalf of the Board of Directors

Date