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**ASSOCIATION OF FORMER MEMBERS OF PARLIAMENT**

**APPLICATION FORM**

**Please return the completed application form with the bankers order below to** **rivisn@parliament.uk** **or send by post to Nicola Rivis, Association of Former MPs, Room G13,**

**1 Parliament Street, House of Commons, LONDON, SW1A 2NE**

**I would be pleased to become a member of the Association of Former Members of Parliament -**

**NAME:………………………………………………… E-Mail:………………………………………………..**

**ADDRESS:…………………………………………..…………………………………………………………..**

**………………………………………..………………,… Postcode ………………………….………………**

**Telephone (Home):…………………………….…………(Mobile)…………………..……………..….……**

**Former Constituency……………………………….…………………………………………………………**

**Party Affiliation …………………………………………………………………..……………………………**

**Dates Served In Parliament:………………………………………………………………….……………..**

*Please note that these contact details are for Association use only in order to keep members informed of Association news and events and are never given out without the express permission of the member concerned.*

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**Banker’s Order**

**Annual Subscription to the Association of Former MPs**

Please pay “The Association of Former MPs”, Account no 50281506 Sort code 20-47-39

the sum of £40 on 1st April 2025 and each year thereafter on 1st April from my account as below

**From:**

**(Name + Address of Bank)…………………………………………………………………………………….**

**Debit to Account name ……………………………………………………………………………………**

**Account no ……………………………………..……... Sort Code …………….………………………..**

**Signature………………………………………………. Name printed…………………………………..**

*Please return completed form to Nicola Rivis, The Association of Former MPs, House of Commons, Room G13, 1 Parliament Street, London SW1A 2NE*

***Or*** *via email to* *RIVISN@PARLIAMENT.UK*