

THE ASSOCIATION OF AVIATION MEDICAL EXAMINERS

STANDING ORDER MANDATE

FROM: (Members name and address)

TO: (Name and address of member's bank)

Member's Bank Details

Name of Account:

Sort Code:

Account Number:

I/We instruct you to pay to:

Association of Aviation Medical Examiners

Sort Code: 20-53-77

Account Number: 10832723

Reference: _____ (**Enter your AAME Membership Number as the reference**)

the sum of £75.00 (SEVENTY FIVE POUNDS) on 1st June each year until further notice, beginning with the payment on June 1st 2011.

This Standing Order supersedes and cancels any previous mandate which I have signed in favour of the Association of Aviation Medical Examiners.

Signed

Date