

**Application for membership**

**Please complete all sections**

Title: ………………….

Name: ……………………………………………………………………………………………………..

Address: ………………………………………………………………………………………………………

 ………………………………………………………………………………………………………

 **………………………………………………………………………………………………………**

Postcode: ………………………………….

Contact email …………………………………………………………………………………

Telephone Mobile: …………………………………………………

 Landline: …………………………………………………

Membership type (eg Playing, Social, Walking Rugby) …………………………………………..

**Please note: As an RFU affiliated club, players are automatically covered by the RFU accident insurance policy. Details can be found on the RFU website. This cover is limited, and you may wish to consider taking out your own private accident insurance.**

Date of birth (If under 25) …………………………………………………

Do you hold a first aid certificate? Yes / No

**Payment.**

The required membership fee must accompany the submission of this application unless paying by Direct Debit. Please see the notice board for payment details.

Please fill in the appropriate section below.

Fee paid: £…………………..……. **Or** I have set up a DD mandate. Yes / No

Signature of applicant …………………………………………………………………………………………...

Date of application ………………………………..

**Committee use only:**

Committee date: ………………………….

Accept / Reject