

Ref (Office use only):

Form F



Family Membership Application Form

First Parent/Guardian (please specify):

Full Name (Mr/ Mrs/ Miss/ Ms) :

Address:

Post Code

Home Tel

Work Tel:

Mobile Tel:

Date of Birth:

Occupation

E:mail (preferred method of contact):

We wish to become members of the Friends of Newport Rugby Trust Fund in accordance with its rules and constitution and enclose payment for our first annual subscription.

Membership (please tick the appropriate box):

One parent/guardian plus one child (i.e. under 16 years of age):

£12

Two parents/guardians plus two children (i.e. under 16 years of age):

£24

Please complete additional applicant details overleaf (PTO)

Payment Method (please tick appropriate box)

Cash:

Cheque (payable to Friends of Newport Rugby Trust)

Standing Order

(please complete the attached bank standing order form)

Date Protection Disclosure:

On occasions we may contact members with information regarding products and services which may benefit the Trust. Please tick the box if you do not wish this information to be sent to you

Signature:

Date:

✂----- cut here -----

Standing Order Mandate

To the Manager (name and full postal address of your bank):

Please accept this instruction to credit Friends of Newport Rugby Trust Fund; Sort Code - - Bank Account No. _____ at the Cooperative Bank, quoting the reference number _____.

The sum of:

£

ANNUALLY

Your Account Name:

Your Bank Sort Code:

Your Bank Account No.:

First payment due date:

Final Payment due date:

Or until further notice (please tick)

Signature of account holder:

Date

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First Child:

Full Name: (Master/Miss)

Address: (if different from 1st Parent/ Guardian)

Post Code

Date of Birth:

Signature of Applicant or 1st Parent/Guardian (please specify)

Date:

Second Parent/Guardian (please specify):

Full Name (Mr/ Mrs/ Miss/ Ms) :

Date of Birth:

Address:

Post Code

Home Tel: Work Tel: Mobile Tel:

E:mail (preferred method of contact):

Signature:

Date:

2nd Child:

Full Name: (Master/Miss)

Address: (if different from 2nd Parent/ Guardian)

Post Code

Date of Birth:

Signature of Applicant or 2nd Parent/Guardian (please specify)

Date:

Please return this form (with both sides/sheets completed) together with the appropriate payment and completed standing order form (where applicable) to: The Treasurer, Friends of Newport Rugby Trust Fund, c/o Newport Rugby Football Club Ltd., Rodney Road, Newport, NP19 0UU.