

Ref (Office use only):

Form J



**Junior Membership Application Form**

Full Name (Master/ Miss) :

Address:   Post Code

Date of Birth  /  /  Home Tel No

I wish to become a junior member of the Friends of Newport Rugby Trust Fund in accordance with its rules and constitution and enclose payment for my first annual subscription.

Junior rate:  £5

Parent/Guardian contact details:  
Full Name (Mr/ Mrs/ Miss/ Ms) :   
Address:   Post Code   
Date of Birth  /  /  Home Tel:  Work Tel:

Payment Method (please tick appropriate box)  
Cash:  Cheque (payable to Friends of Newport Rugby Trust)   
Standing Order  (parent/guardian to complete 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 of Applicant/ Parent/ Guardian (delete as appropriate)  Date:

✂----- cut here -----

**Standing Order Mandate** (to be completed by parent/guardian of applicant)

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

Please return this form 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.