

OLD SALTLEIANS RUGBY FOOTBALL CLUB

MEMBERSHIP APPLICATION/CHANGE OF DETAILS FORM

Name (IN CAPITALS) _____

ADDRESS _____

POST CODE _____

TELEPHONE (home) _____

(work) _____

TYPE OF MEMBERSHIP Full/Associate/Vice President/M&J/Social/Student

Players are reminded that they are responsible for arranging their own Sports Injury Insurance. The Club provides Death & Total Disability Insurance as required by the RFU.

I have read and understood the Club Rules and Disciplinary/Supporters Charter.

Signed:

Dated:

Official use only

Amount received:

Taken by:

Dated:

Application approved: Y/N

Membership number allocated:

You should be aware that the above details are held in respect of you on computer for the purposes of Club requirements. Details may be provided to providers of relevant products. Should you not wish your details to be forwarded please tick the box