

Biggleswade RUFC
Senior/Vice President (This page only)
Rugby / Squash Membership Application (This page only)
Family(This page for parents/carers, next page for playing child)
2019/2020 Season

Surname:			77.3	Date of Birth:		
First Name			**************************************	Male/Female		
Address:				Occupation:		
				Name of any Previous Club	:	
Postcode:				Home Phone Number:		THE THINK PRODUCT OF THE PRODUCT OF
Email Address:				Mobile Phone Number:		
Please indicate any m condition of which we be aware	should					
Gift Aid: I hereby conf the case. I wish the Cl	firm that I am a lub to treat my	UK taxpayer in the	ne current tax year	and expect to be in forthcoming tax year ion as a Gift Aid payment.	s. I will no	tify the Club if this ceases to be
If you do not consent	to this please ir	nform the membe	ership secretary.	от аз с от на раушене.		
Application	for New	Member:				
I wish to become	a Member o	f Biggleswade	RUFC and agr	eed to abide by the Rules of the C	lub (cop	ies available behind the
par in the Clubnoi	use and on t	he website). 🛚	understand th	nat the information contained on	this form	n will be held
electronically and	used solely	for the purpo	ses of Manage	ment of Biggleswade RUFC.		
Print Name:			Signature:		Date:	
To be Seconded	by a Club N	Лember:			M	
Print Name:			Signature:		Date:	
Existing Men	nber Pay	ing Annua	al Subscrip	tion:		
Print Name:			Signature:		Date:	
Existing Men	nber Adv	ising Cha	nges of Co	ntact Details:		
Print Name:			Signature:		Date:	
Subscription:					L	
Vice President/Stu	udents		£80 m	inimum		
Senior Player:			£120			
Family Membersh	ip including	g senior play	er: £140			
I wish to pay my me	embership f	ee as follows:				
Direct Debit:		Direct Deb	oit to be compl	eted on line.		
By Cheque:	Cheque: Cheque to be made payable to Biggleswade RUFC ar					this form.
By Cash/Card	Please put	Please put form into an envelope and pass to the Membership Secretary.				