



ST PETER'S RUGBY FOOTBALL CLUB

Cash	<input type="checkbox"/>	New Member	<input type="checkbox"/>
Cheque	<input type="checkbox"/>	Renewal	<input type="checkbox"/>
S/O	<input type="checkbox"/>		

MEMBERSHIP APPLICATION FORM

Adult £36 (£3.00) / Family-Couples £60 (£5.00) / Senior Citizen or Youth or Student £15 yearly

Name:	Lead Adult Name _____	Additional Members
Address inc Postcode:	_____	1. Second Adult if appropriate D.o.B: _____
Tel:	_____	2. Children D.o.B: _____
E-mail:	_____	3. D.o.B: _____
		4. D.o.B: _____
		Signature: _____

LOTTERY STANDING ORDER

To _____ Bank

Postal Address _____

Please pay	Bank	Branch Title (not address)	Sorting Code Number
	Lloyds Bank	Cardiff BB 309691	30-96-91
for the credit of	Beneficiary's Name	Account Number	Quoting Reference
	Team Rock	0-3-5-9-9-5-1-9	Surname: First Name
the sum of	Amount	Amount in words	
	£		
commencing	Date of first payment	and thereafter every	Until further notice in writing or
			Date of last payment
		1st Monthly	N / A
	Name of Account	Sorting Code	Account number

and debit my/our account accordingly

Signature(s) _____ Date _____

LOTTERY NUMBERS [1 – 24]

	1.	2.	3.	4.		1.	2.	3.	4.	If you would like more entries, please ask a member of staff.
Line 1 - £4					Line 3 - £12					
Line 2 - £8					Line 4 - £16					

MEMBERSHIP STANDING ORDER

To _____ Bank

Postal Address _____

Please pay	Bank	Branch Title (not address)	Sorting Code Number
	Allied Irish	Retail Business PO Box 52496 London NW3 9ED	23-85-86
for the credit of	Beneficiary's Name	Account Number	Quoting Reference
	St. Peter's RFC	3-4-0-5-0-6-4-9	Surname: First Name
the sum of	Amount	Amount in words	
	£		
commencing	Date of first payment	and thereafter every	Until further notice in writing or
			Date of last payment
	Name of Account	Sorting Code	Account number

and debit my/our account accordingly

Signature(s) _____ Date _____