

RUGBY FIVES ASSOCIATION

MEMBERSHIP APPLICATION FORM



Only give details in this section that you agree can be published in a membership booklet or similar lists.

SURNAME INITIALS

FORENAME TITLE: Mr, Mrs, Dr etc

and name usually used (ie Bob or other nickname)

TELEPHONE: HOME

BUSINESS MOBILE

HOME ADDRESS (PLEASE PRINT)

EMAIL

Please tick if you wish to be annotated as a non-playing member

If you are a "4 years free" member of either the RFA or RFAC, please state when you left school

Voluntary replies section: Any questions answered from here on will be generally helpful to the RFA and are requested to target specific members ie age-group events such as the Under 25 and Veterans' Championships.

Date of birth
(Playing members only)

Did you learn to play Fives when at school? If so, where?

If you are or were at a university, is/was there an active Fives Club there? Which university?

Achievements (if any) in Fives at school or university?

Are you still playing? If so, state where you normally play?

Tick how frequently per annum:
1-5 times 5-10 times 10-20 times More than 20 times

Generally, do you like to play in: Club matches Tournaments Social games

DATA PROTECTION: I give my permission for the above details to be stored in a computer for the sole purposes of the RFA in their capacity of administering and promoting the game of Fives.

Signed:

Date:

Please return this form with your Standing Order (or cheque) and Letter of Guarantee to the Rugby Fives Association's General Secretary: Ian Fuller, 2 Rose Street, Tonbridge, Kent TN9 2BN

LETTER OF GUARANTEE

The Directors
The Rugby Fives Association
2 Rose Street
Tonbridge
Kent
TN9 2BN

Date:

To: The Rugby Fives Association

Upon my admission to membership of the Company I undertake in accordance with the Company's association to contribute up to £1 to the assets of the Company in the event of it being wound up whilst I am a member or within one year after ceasing to be a member, for the payment of the debts and liabilities of the Company contracted during my membership of the Company, the costs, charges and expenses of winding up and for the adjustment of the rights of the contributories amongst themselves.

Signed as a deed by)

)

In the presence of)

)

Signature of witness

Name of witness

Address of witness

Occupation of witness

To The Rugby Fives Association (Registered Charity Number 1136872)

Gift Aid Declaration

I, *[Insert full name]*

Of *[Insert full address & post code]*
.....

.....

wish all donations and subscription payments which I make to The Rugby Fives Association in future to be treated as Gift Aid Donations and tax reclaimed on them accordingly.

I confirm that:

- I am a UK taxpayer, paying sufficient income and / or capital gains tax to cover the amounts to be reclaimed
- I will notify you if my tax status, name, or address change
- I will notify you if I cease to be a tax-payer or if I wish to cancel this declaration

Signed Dated

Please complete the form and return to the RFA's General Secretary:
Ian Fuller, 2 Rose Street, Tonbridge, Kent TN9 2BN