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 _____

HOME ADDRESS (PLEASE PRINT)

_____

Post Code

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 i.e. 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 Standing Order (or cheque) to the Rugby Fives Association's General Secretary:

IAN FULLER
32 ASHBOURNE GROVE
EAST DULWICH
LONDON
SE22 8RL