



Membership Application Form

(Please complete the form in BLOCK CAPITALS)

1 Annual Membership

Please tick the box beside the type of membership you wish to apply for:

Junior Membership:¹	(Under 12 years on date of application)	<input type="checkbox"/>
Youth Membership:¹	(Under 18 years on date of application)	<input type="checkbox"/>
Young Farmer:¹	(Under 25 years with YFCU valid membership)	<input type="checkbox"/>
Adult Membership:¹	(Over 18 years on date of application)	<input type="checkbox"/>
Life Membership:	(One off payment)	<input type="checkbox"/>
	(Instalments)	<input type="checkbox"/>
Corporate Membership:²	(One off payment)	<input type="checkbox"/>
	(Instalments)	<input type="checkbox"/>

¹ Junior, youth, young farmer and adult members completing a direct debit mandate will receive a discount on their membership rates.
Refer to current membership prices for details.

² Corporate Membership entitles 3 named individuals to utilise the benefits of membership over a 10 year period.

2 Personal Details

(All fields marked with* are required)

Title:*	<input type="text"/>		
Forename/s:*	<input type="text"/>		
Surname:*	<input type="text"/>		
Date of Birth:*	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Gender:*	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Awards :	<input type="text"/>		
Business Name	(If applicable): <input type="text"/>		
Address:*	<input type="text"/>		
	<input type="text"/>		
County:*	<input type="text"/>	Postcode:*	<input type="text"/>
Home Tel:*	<input type="text"/>	Work Tel:	<input type="text"/>
Mobile :	<input type="text"/>	Email :	<input type="text"/>

3 Participation

The RUAS welcomes the participation of its Members. If you are interested in becoming actively involved with the Society please indicate your areas of interest:

Balmoral Show

Winter Fair

Show Stewarding

Promotion of Membership

Other:

4 Proposing Members

Proposed by

(Member name)

Member No.

Signed

Date

Seconded by

(Member name)

Member No.

Signed

Date

5 Initial Membership Payment

I am enclosing a cheque for £ in payment of my chosen subscription

Please charge my credit/debit card with £

Card Type

Card No

Name on Card

Valid From: /

Expiry Date: /

Security / CVC Code

Issue No. (If available)