



Membership Application Form

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

First Name **Family Name**

Email **Telephone**

Address

.....

Date Of Birth/...../..... **Where did you learn to play fives?**

Gift Aid Declaration (where applicable)

I, (full name)

of the address shown above 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

Data Protection: I give my permission for the above details to be stored electronically for the sole purpose of the RFA in their capacity of administering and promoting the game of fives

I agree to be bound by the Memorandum and Articles of Association of the Rugby Fives Association (available from the General Secretary on request)

Signed: Date:/...../.....

Please return this form to the RFA General Secretary: Philip Atkinson, The New Stone House, Carlton Road, Turvey, Beds. MK43 8EG

Alternatively, send a scan by email to: phil.atkinson@rugbyfives.com