

International RS Class Association Membership Form (UK Members) Year 2019

International RS Class Association

c/o Joanne Boutle, Membership Secretary 10 Grange Close

Buckingham MK18 1JJ

E-mail: membership@rs-association.com Phone: +44 (0)1280 817886

for RS100/RS200/RS300/RS400/RS500/RS600/RS700/RS800/RS Vareo

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Membership De	etails			_					
Name:				Work P	hone:				
Address:				Home P	Phone:				
				Mobile	Phone				
61.				<u> </u> Occupa	tion:				
City:]]	lame:				
County: Postal Code:				Date of					
Country:				Club Na					
	va (Grand Name)]					
Sailing Partners/Crew - Name:									
e-mail address	s:								
mobile numbe	er:								
For Family members only									
Family members name Relation to family head Date of Birth									
					7 [
Annual Membership fees Full £39 Family £50 Club £24 Youth £20 Under 22 at the start of the year If a Youth member, please enter e-mail address and phone number for parent or guardian here:									
Boat Detail: RS Craft type	-	RS Boats o t Name		Date purchased					
The RS Internation with your approval.	Cheque S Classes International G al Class Association takes Full details of our privac ee for my personal inforn	your privacy y policy can be	very serious. We found on our	website.	ore your	12 months minir			
this form will only b	e used for official purpos	es and may b	e shared with p	artners of the RS	S Associa	tion.	_		
-	t the RS Association to sl	nare your info	rmation wth the	eir partners (exce	ept for R	S Sailing), please	tick this box.		
Signed:					Date:				

RS CLASS ASSOCIATION MEMBERSHIP STANDING ORDER MANDATE

To: Name of Bank*: Address of Bank*:						
NEW INSTRUCTION						
Account to be debited:						
Sort Code*:						
Account Name*:						
Beneficiary Details:						
Sort Code: 20-97-40	Account Number: 40857882					
Account Name: RS Classes International Group	Reference: Membership					
Payment Details: Amount of First Payment*: £ Amount of usual payment*^^: £ Amount of usual payment in words*: To be paid annually Date of First Payment*:/ Date of usual payment: 7th February (on subsequent years)						
Customer Name*: Fleet/Sail Number*: I hereby authorise you to set-up this standing order payment on my account: Customer Signature*: Name: (Block Capitals): Customer Contact Telephone Number*:						

^^ Usual Payment should be the same as First Payment

ALL BOXED MARKED * MUST BE COMPLETED

RETURN TO MEMBERSHIP SECRETARY WITH COMPLETED MEMBERSHIP FORM

c/o Joanne Boutle, Membership Secretary 10 Grange Close Buckingham MK18 1JJ