

Membership Application Form

Note: ALL information is only held by our Membership Secretary and is covered by GDPR.

Surname:		Home Tel:	
First Name:		Mobile:	
Spouse/Partner's Name:		Your DOB:	
Address:			
		Post Code:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Email Address:			

Membership Applied For: (please tick appropriate box)

Single	Joint	Serving *	Associate
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Single or Associate membership: £15
 Joint Membership: £20
 * Serving Photographers pay no fee for their membership until they leave the service

Service Details:

Date Joined RN		Date Left RN	
Service Number		Phot. Course Number (If you know it)	
Nickname (if any)		Rate/Rank On Leaving The Service	

Return your application form to:

Steve King, RNPA Membership Secretary
14 Parsonage Close, Bishop's Tachbrook, Leamington Spa, CV33 9SD Tel: 01926 334190

You can use the online BACS System for payment:

Account Name:	RNPA
Sort Code:	09-01-55
Account Number:	45244803

If paying via BACS tick this box

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The other choice is to send your application with cheque for payment, made out to **RNPA**.

Once initial membership subscription is made please set up a **standing order** with your bank.

Please make the payment date 1 January. (This makes it easier for the treasurer to reconcile payments received.)

Important! Can you help? Please check your address book and see if you can help us to find new members.
 Send any info. you have to: Julie Richardson ... email: rnpa.membership@gmail.com and she will follow up.

(To be filled out by the Membership Secretary)

Membership Number:	
Date Membership Card Sent:	