

**RNPA**

# 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:					
Email Address:								

**Membership Applied For:** (please tick appropriate box)

Single	Joint	*Serving	Associate	Single or Associate membership: £20
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Joint Membership: £25
				* 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:**

**Ysobel Jardine, RNPA Membership Secretary**  
**Flat 20, 14 Avenel Way, Poole, Dorset, BH15 1EQ Tel: 07843 525464**  
**OR email to [membershiprnpa@gmail.com](mailto:membershiprnpa@gmail.com)**

**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

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: Ysobel Jardine (Tiz) ... email: [membershiprnpa@gmail.com](mailto:membershiprnpa@gmail.com) and she will follow up.**

*(To be filled out by the Membership Secretary)*

Membership Number:	
Date Membership Card Sent:	