PLEASE PRINT THIS FORM AND COMPLETE BY HAND

RUTHERFORD APPLETON LABORATORY APPLICATION FOR 'ASSOCIATE MEMBERSHIP'

Surnam	ie:				_ Titl	е (Mr. Mrs. N	/liss. Ms	, Dr)		
Forenar	mes:										
Home A	ddress:										
			_ Post (Code:		Tel	No			_	
Place of	f Work / Eı	mployer:									
Email Address:					Mok	Mobile No:					
Recreati	renew my ional Socie as appro	ty, and pa									
	ssociate I t club rule		shall agre	ee to abid	le by both	n the Recr	eational S	Society r	ules and	the	
Applicant's signature: [Date	Date:					
Proposed by Full Member:					Sign	_Signature					
The mer	rship Rate mbership y nual Rate is	ear runs fi	£28.00 ar	nd is renev	wable on	or before 3	1 st Augus	•			
	e applying e months u						o year, you	u are only	/ required	to pay	
Monthly rates are £2.50 per full month. This table should help you calculate the pro rata payment.											
Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	
£27.50	£25.00	£22.50	£20.00	£17.50	£15.00	£12.50	£10.00	£7.50	£5.00	£2.50	

Notes:

- 1. Please send you completed form and payment to Joe Moxon, R71 and make crossed cheques payable to the Rutherford Appleton Laboratory Recreational Society.
- 2. All "Associates" will be issued with an "Associate Membership" card.
- 3. For further information contact Hayley Smith (Hayley.Smith@stfc.ac.uk), the Membership Secretary, Ext: 6373.

Official Use Only			
Date of Joining	Sub Paid	Card Issued	Membership Secretary

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4. Any membership that is not renewed after the 31st October will be considered lapsed and application for a new membership will depend on availability.

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