PLEASE PRINT THIS FORM AND COMPLETE BY HAND RUTHERFORD APPLETON LABORATORY

APPLICATION FOR 'ASSOCIATE MEMBERSHIP'

Surname:					Title		(Mr. Mrs. Miss. Ms, Dr)			
Home Add	lress: _									
			Post Co	de:		Tel N	o			
Place of W	ork / Emp	oloyer: _								
Email Address:						Mobi	Mobile No:			
I wish to <i>re</i> Recreation (* <i>Delete a</i> :	al Society,	and pay								
As an Ass relevant c		mber I sh	all agree	to abide l	by both tl	ne Recrea	tional So	ciety rule	es and the	Э
Applicant's	signature:				_ Date:					
Proposed by Full Member:					Signatu	ıre				
The Annua If you are a those mon Monthly ra	applying for ths until the	r members e New Yes	ship part w ar begins i	ay throug n Septem	ih the mer ber.	mbership y	ear, you a	re only re		pay for
Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
£55.00	£50.00	£45.00	£40.00	£35.00	£30.00	£25.00	£20.00	£15.00	£10.00	£5.00
Notes:										
	e send you		ed form ar es payable							
andn	ake crosse					• •	iboratory	Recreation	nai Socie	٠,٠
	ssociates"	•	ued with a	n "Associa	ate Memb		•	Recreation	riai oocie	·y.
 All "As Any m 		will be iss	ot renewed	by the 30	Oth Septer	ership" car	d.			
 All "As Any m for a r 	ssociates" v nembership	will be iss o that is no ership will	ot renewed depend o	l by the 30 n availabi	Oth Septer lity.	ership" car	d. e conside	red lapse		
2. All "As 3. Any m for a r	ssociates" v nembership new member rther inforn	will be iss o that is no ership will	ot renewed depend o	l by the 30 n availabi	Oth Septer lity.	ership" car	d. e conside	red lapse		