



## ANNUAL MEMBERSHIP APPLICATION FORM

Child (5-15) \$25 ☐ Adult (16+) \$50 ☐

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_ M/F: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

Email: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Are you a member of Collegians RLFC Ltd

Y/N

Membership #:

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OFFICE USE ONLY:

Amount Received:

Date:

Receipt No:

Received By:

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