





# APPLICATION FOR CLUB MEMBERSHIP OF SHOGUN RUGBY FOOTBALL CLUB



(PLEASE PRINT CLEARLY)

FULL NAME

DATE OF BIRTH

FULL ADDRESS INC POSTCODE

HOME TEL

MOBILE TEL

EMAIL

MEMBERSHIP TYPE REQUIRED

PLAYER SPONSORSHIP

CLUB PATRON MEMBERSHIP

CLUB CORPORATE MEMBERSHIP

PLEASE TICK IF APPLICABLE:

- I confirm that I agree to the above details being included on the Shogun RFC Club database list
- I confirm that I wish to receive updates and news via email at the above email address

SIGNATURE

DATE