

MEMBERSHIP DETAILS/APPLICATION FORM

(Please complete in BLOCK CAPITALS)

Surname: Service type (e.g. RM, RN):
Forenames: Service No:
Title (Mr, Mrs, Miss, Ms): Date of discharge:
Decorations (e.g. MBE): Rank on discharge:
Date of Birth: Or family connection:
Address: Present occupation:
Postcode: RMA membership type: Full Associate Life (pre 2003)
Tel: Home I apply for: £5.00 RMA Annual membership
Tel: Mobile £8.40 Globe & Laurel
E-mail address: £15.00 Friends of RM Museum
Date joined RMA: £..... Donation
Branch: Total payment £
I wish to be considered for: Not Forgotten' Association trips
Royal Garden Parties

NB Please provide a 'Passport' style photograph

Signature: Date:

All information will be treated as confidential and will not be divulged outside the RMA

BANK STANDING ORDER MANDATE

(Please complete details marked \* in BLOCK CAPITALS)

To: \* The Manager: \* Name of Account to be debited:
\* Address:
\* Account Number:
\* Postcode: \* Sort code:
Please pay: Barclays Bank plc, Southsea Branch \* Signature:
Sort Code: 20-69-34
For the credit of: The Royal Marines Association \* Date:
Account No: 20736058

Quoting Ref:

\* The sum of: (Total amount to be debited)

Commencing: (date to be inserted by RMA)

And continue to pay annually on this date until further notice from me

Return completed form to:

The Royal Marines Association, Building 32, Whale Island, Portsmouth, PO2 8ER