

HULLENSIANS RUGBY UNION FOOTBALL CLUB

FOUNDED 1924

Members of the Rugby Union & Yorkshire Rugby Union



Membership Application Form

All monthly payments are to be paid by Standing order:

- | | | |
|-----------|---|---|
| Option 1: | All inclusive Annual Players membership
(includes family social membership for partner and children) | £15 Per Month |
| Option 2: | Social Family Membership
Players Membership | £5 Per Month
£5 Per Month + Match Day Subs
Or Single payment of £60 |
| Option 3: | Senior Social Membership | £2.50 Per Month
Or Single payment of £30 |
| Option 4: | Social Full Membership | Or Single payment of £60 |

The club handbook containing a list of fixtures will be issued to each member early in each new season. Communication within the club will be via email, so it is important to include your email address in order to receive information on club news and activities.

Please complete the Personal Details form and Standing Order details sheet and return either to the club ASAP or post to the following address.

Membership Secretary, Hullensians RUFC, Springhead Lane, Anlaby, Hull, HU4 7RU

(Cheques payable to Hullensians RUFC)

Membership Type: *(Please tick)* Option 1: [] Option 2: [] Option 3: [] Option 4: []

Name: _____

Additional member's names: _____

Address: _____

Post Code: _____

Contact details:

- Home: _____
- Mobile: _____
- Emails: Home: _____
Work: _____

(Please Tick Preferred Email Contact) Home: [] Work: []

Standing Order Authority

Name of Bank: _____

Address: _____

Sort Code _____

	Bank	Branch Title (not address)	Sorting Code Number
Please pay	HSBC	Hull	40-25-59

	Beneficiary's Name	Account Number
For the credit of	Hullensians Rugby Union Football Club	60029785

	Amount in Figures	Amount in Words
+ the sum of	£	

	Date of first payment	Due date & Frequency
commencing		And thereafter every

	Date and amount of last payment	
* until		* until you receive further notice from me/us in writing and debit my/our account accordingly.
Quoting the reference		

Please cancel any previous Standing Order or Direct Debit in favour of the beneficiary named above under this reference.

Special instructions: (eg amount of first payment if different)

Account to be debited

Account Number

Signature (s) _____

Date _____

- Note: the Bank will not undertake to:
- i) make any reference to Value Added Tax or other indeterminate element
 - ii) advise payers address beneficiary
 - iii) advise beneficiary of inability to pay
 - iv) request beneficiaries banker to advise beneficiary of receipt

* Delete if not applicable

+ If the amount of the periodic payments vary they should be incorporated in a schedule overleaf