



APPLICATION FORM

Mr / Mrs / Miss / Ms Full Name:

Company:

Address:

Home Tel:

Postcode:

Mobile Tel:

Work Tel:

Email:

Occupation:

Age:

Preferred Method of Contact: (please tick):

POST EMAIL PHONE

I wish to become a member of Bristol Rugby Independent Supporters Trust (trading as BRIS Trust) in accordance with its rules and constitution and enclose payment for my first annual subscription.

	Please tick
Adult Membership: £20 (one member one vote)	<input type="checkbox"/>
Senior Citizen Membership – over 65: £10 (one member one vote)	<input type="checkbox"/>
Affiliate/Junior Membership: £10 (under 16's, no legal vote)	<input type="checkbox"/>
Corporate Membership: £500 (one vote -nominated person)	<input type="checkbox"/>

I would also like to make an additional donation payment of £ to help the trust in its aim of keeping Bristol Rugby in Bristol. (please tick as appropriate)

MONTHLY ANNUALLY ONE OFF

Payment Method: (please tick as appropriate)

Cheque (made payable to BRIS Trust) Cash Standing Order/Direct Debit

On occasions we may send out members information that we think may be of interest to them which could generate additional income to the Trust. Please tick the box if you do not wish to participate.

Signed

Date