

FORM A

APPLICATION TO BECOME A FRIEND OR AN INDIVIDUAL MEMBER (PERSONAL MEMBERSHIP)

Please complete in **BLOCK CAPITALS**

1. PERSONAL MEMBER DETAILS

Title (Revd/Mr/Mrs/Miss etc) _____

Name _____

Address _____

_____ Zip/Postal Code _____

- I wish to become a Friend of the Royal School of Church Music.
- I wish to become an Individual Member of the Royal School of Church Music
- Please send a quarterly issue of *Sunday by Sunday* (Individual Members only)

2. RSCM DETAILS

I am a member of /am associated with

- a Church a School a College Other

Name of Church/School/College/Other (Block Capitals)

Address _____

_____ Zip/Postal Code _____

PAYMENT OF MEMBERSHIP FEE

by cheque in **pounds sterling** enclosed

by credit card (please enter your card details below).

Type of card (tick as appropriate): Visa MasterCard

Card no: Expiry date:

Name (as it appears on the card) _____

Cardholder's address _____

_____ Cardholder's signature _____

Please send this completed form to: RSCM Membership, 19 The Close, Salisbury SP1 2EB UK

