



Tarleton Rugby Union Football Club

Associate Membership Form

Member Details

Christian Name _____ Surname _____

Address _____

_____ Post Code _____

Tel (Evening) _____ (Daytime/Mobile) _____

E-mail address _____

Does your company operate a Matched Giving scheme? Yes/No

Do you have any relatives who are playing members? Yes/No

If yes please state name of player and team they play for _____

Signature _____ Date _____

Please tick the box if you are a FOUNDER MEMBER

The club relies very heavily on the support it receives from it's members and the local community. If you feel you could support the club further either through sponsorship arrangements or by volunteering to help in some capacity please tick this box.