

AFFILIATE MEMBERSHIP APPLICATION 2011

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Name of organisation (ie church, school or choir):

Organisation postcode:

Billing contact (the person to whom membership renewals etc should be sent):

Title: Initials: First name: Surname:

Address:

Postcode:

Daytime telephone number: Email:

Would you like to receive email newsletters from us? Yes / No

Please give details of two people who should receive the quarterly publications (ie Vicar/Rector and Director of Music)

Correspondent 1:

Title: Initials: First name: Surname:

Address:

Postcode:

Daytime telephone number: Email:

Would you like to receive email newsletters from us? Yes / No

Correspondent 2:

Title: Initials: First name: Surname:

Address:

Postcode:

Daytime telephone number: Email:

Would you like to receive email newsletters from us? Yes / No

Affiliate members may purchase supplementary copies of the quarterly publications at £25.00 per annum.

Please give details of the extra recipient below, and any further recipients overleaf:

Correspondent 3:

Title: Initials: First name: Surname:

Address:

Postcode:

Daytime telephone number: Email:

Would you like to receive email newsletters from us? Yes / No

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PAYMENT

Amount due:

One year affiliate membership *	<input type="text"/>
Additional mailings at £25.00 each	<input type="text"/>
Optional donation	<input type="text"/>
Total	<input type="text"/>

* £90.00 by cheque or credit card, £83.00 by Direct Debit

Payment options (please tick your chosen method of payment):

- by cheque enclosed (payable to 'Royal School of Church Music')
- by Direct Debit (please complete the separate Direct Debit Instruction and include with this application)
- by credit or debit card - please note we are unable to accept America Express/Diners
(please enter the card details below)

Type of card (tick as appropriate):	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Maestro	Other:	<input type="text"/>
Card no:	<input type="text"/>	Security code:	<input type="text"/>	<i>(last 3 digits on signature strip - must not be omitted)</i>	
Expiry date:	<input type="text"/>	Issue no (Visa Electron/Maestro only):	<input type="text"/>	Start date (Maestro only):	<input type="text"/>
Name (as it appears on the card):	<input type="text"/>				
Cardholder's signature:	<input type="text"/>				

Please tell us how you heard about the RSCM:

Return this form, with cheque or direct debit instruction if appropriate, to:

Membership Department, RSCM, 19 The Close, Salisbury SP1 2EB

Tel: 01722 424848

Fax: 01722 424849

Email: membership@rscm.com