

FORM A

Application to become an **INDIVIDUAL MEMBER** or **FRIEND** of the RSCM (personal membership)

Please complete in **BLOCK CAPITALS**

MEMBER DETAILS

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

Name _____

Address _____

Zip/Postal Code _____ Country _____

Email _____

I wish to become an Individual Member of the RSCM

I wish to become a Friend of the RSCM

Please send a quarterly issue of *Sunday by Sunday* (Individual Members only)

RSCM DETAILS

I am a member of / am associated with

church school college other _____

Name of church/school/college/other _____

Address _____

Zip/Postal Code _____ Country _____

Email _____

PAYMENT OF MEMBERSHIP FEE

by cheque in **pounds sterling** enclosed

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

Type of card: Visa MasterCard Maestro Other: _____

Card no: Expiry date:

Security code (last 3 digits on back of credit card)

Issue no (*Visa Electron/Maestro only*): Start date (*Maestro only*):

Name (as it appears on the card) _____

Cardholder's address _____

Cardholder's signature _____ Date _____



FORM B

Application to become an AFFILIATED MEMBER of the RSCM

Please complete in **BLOCK CAPITALS**

MEMBER DETAILS

church school college other _____

Full Name _____

(as it will appear on the membership certificate)

Denomination _____

APPOINTED CORRESPONDENT DETAILS

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

Name _____

Job title (Music Director, Organist etc) _____

Address _____

Zip/Postal Code _____ Country _____

Email _____

Optional quarterly issue of *Sunday by Sunday* (please tick if you would like to receive this)

I understand that as 'Correspondent' I am responsible for ensuring that the information I receive about the RSCM and the services it provides is made available to my church / school community.

Signed _____

PAYMENT OF MEMBERSHIP FEE

by cheque in **pounds sterling** enclosed

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

Type of card: Visa MasterCard Maestro Other: _____

Card no: Expiry date:

Security code (last 3 digits on back of credit card)

Issue no (*Visa Electron/Maestro only*): _____ Start date (*Maestro only*):

Name (as it appears on the card) _____

Cardholder's address _____

Cardholder's signature _____ Date _____