

Continuation sheet for Affiliate Plus membership (for extra RSCM magazine sets)

Member details (complete as many as required)

Church/Group/Organisation Name

Church/Group/Org. Country/Postcode

Correspondent 3 details

This individual will receive the third copy of the quarterly publications.

Title First name(s) Surname

Address

Post Code Contact tel

Email

We would like to periodically send you RSCM central and local area information by email or post. To opt IN tick box.

Correspondent 4 details

This individual will receive the fourth copy of the quarterly publications.

Title First name(s) Surname

Address

Post Code Contact tel

Email

We would like to periodically send you RSCM central and local area information by email or post. To opt IN tick box.

Correspondent 5 details

This individual will receive the fifth copy of the quarterly publications.

Title First name(s) Surname

Address

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Email

We would like to periodically send you RSCM central and local area information by email or post. To opt IN tick box.

Correspondent 6 details

This individual will receive the sixth copy of the quarterly publications.

Title First name(s) Surname

Address

Post Code Contact tel

Email

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