

Membership Application Form

Please complete this form in BLOCK CAPITALS or join securely online at https://cf10rugbytrust.org/join

Personal Details				
First Name :	nme : Last Name :			
Address:				
Phone (inc area code):		Postcode :	stcode :	
Email : Birth Date :		Birth Date : DD	/ MM / YY	
ferred By : Member# : If		Known		
Our costs are be greatly reduced if we are able to email communications to you. If you prefer to be contacted by post, please tick this box			[X]	
Are you a shareholder in Cardiff Blues Limited?			YES / NO	
If Yes, are you willing to be contacted regarding proxy voting in Cardiff Blues Ltd?			YES / NO	
Membership				
Life Membership			£1.00 [x]	
Additional Voluntary Donation		£ [X]		
Declaration				
I acknowledge the membership agreement and agree can be found on our website	to abide by the rules a	and policies of the	Society all of which	
Signed: Dated:		Dated:		
Please sign and date form and send to: CF10 5NJ), 95 Taliesin Court	, Chandlery Wa	ay, Cardiff, CF10	
Payment can be made directly to our accour OR send us a cheque to the above address p			20226144	
If you have any questions about membership membership@cf10rugbytrust.org or by visiti				
THANK YOU FOR YOUR SUPPORT!				
Collected By : Payment	t : [Cash Cheque iZ	Zettle] Date	:	