

Membership Application Form

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

Personal Details				
First Name :	Last Name :			
Address:				
Phone (inc area code):		Postcode :	ostcode :	
Email:	Birth Date : D			
Referred By :	Member#: If I			
Our costs are be greatly reduced if we are able to emain If you prefer to be contacted by post, please tick this be	[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 an	nd policies of the S	Society all of which	
Signed:			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 payment.			0226144	
If you have any questions about membershi membership@cf10rugbytrust.org or by visiti				
THANK YOU FOR YOUR SUPPORT!				
Collected By : Payment	t : [Cash Cheque iZo	ettle] Date :		