



Member ID:
(for internal use only)

Affiliation Form

Surname:
(Apellidos)

Christian name:
(Nombre)

Identity Card, Residence Permit or Passport Number:

Address:

City: **Postal Code:**

Place of birth: **Country:**

Date of birth: **Nationality:**

Occupation: **Company:**

Tel. No. (Home/Work¹): **Mob. No.:**

E-mail address:

Previous Clubs:

Position(s) on field:

How did you find out about us? (web page, classifieds, posters, flyers, word of mouth, other):
.....

I wish to join as **Playing member** ¹ / **Social member** ¹ **of M.L.R.F.C.**

If playing member, then:

I am insured to play rugby with

I wish to be insured through the Lions (cost: 120.50 € per season)

Willing to assist in club administration: **Yes** ¹ / **No** ¹

Signed

Date

Proposed by **Seconded by**

Joining Fee (20 €) **Paid** **Yes** ¹ / **No** ¹ **Joining Fee**
(Insurance not included) **paid to**

w/ Playing Jersey (65 €) **Paid** **Yes** ¹ / **No** ¹

(Insurance not included)

¹ Delete as appropriate

Check out our sponsor



Temporary Membership Card

Full Name:
Joining Date
Committee Mbr Name:
and Signature: