

## MEMBERSHIP APPLICATION FORM

I/We wish to become a member of the BLUEBELL RAILWAY PRESERVATION SOCIETY (BRPS), being in broad agreement with its aims and principles, and agree to abide by its rules.

### Type of membership required

	<b>Year</b>	<i>(box)</i>	<b>Years</b>	<i>(box)</i>
Adult.....	£ 25	<input type="checkbox"/>	£100	<input type="checkbox"/>
Joint ( 2 Adults ).....	£ 36	<input type="checkbox"/>	£145	<input type="checkbox"/>
Senior Citizen ( Over 60 ).....	£ 20	<input type="checkbox"/>	£ 60	<input type="checkbox"/>
Joint Senior Citizens ( Both over 60 )....	£ 30	<input type="checkbox"/>	£100	<input type="checkbox"/>
Family ( 2 Adults + up to 3 Children under 16 ).	£ 40	<input type="checkbox"/>	£165	<input type="checkbox"/>
Junior ( Under 16. D.O.B ____/____/____ )...	£ 11	<input type="checkbox"/>	<i>Not Applicable</i>	
Full Time Student.....	£ 15	<input type="checkbox"/>	<i>Not Applicable</i>	
Life Member.....	£750	<input type="checkbox"/>	Direct Debit <b>not</b> Applicable To Life Membership Applications	
Partner of Life Member.....	£375	<input type="checkbox"/>		
Senior Life Member (over 60).....	£500	<input type="checkbox"/>		
Partner of Senior Life Member (both over 60)	£250	<input type="checkbox"/>		
<b>Optional</b> Donation of.....	£ <input style="width: 50px;" type="text"/>			

Pay by Direct Debit (form available at booking offices) or Cheque payable to B.R.P.S. **OR** Please debit my VISA/MASTERCARD

No: \_\_\_\_\_

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Exp Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sec Code \_\_\_\_\_

Please print your details in **BLOCK CAPITALS**

Title: \_\_\_\_\_ First Name(s): \_\_\_\_\_

Surname: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Joint/Family Members only:** Spouse/Partners

Title: \_\_\_\_\_ First Name(s): \_\_\_\_\_

Surname: \_\_\_\_\_

**For Family Members only:** Childrens Details

Child 1:	Child 2:	Child 3:
Name _____	_____	_____

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_

**Tick this box to request a volunteer pack**

For Office Use: R/No.  Mem-No.

Mem-Sec.  DB Date.  Renewal Date.