



Membership Application Form

(Please complete the form in BLOCK CAPITALS)

1 Annual Membership

Please tick the box beside the type of membership you wish to apply for:

Junior Membership:¹	(Under 12 years on date of application)	<input type="checkbox"/>
Youth Membership:¹	(Under 18 years on date of application)	<input type="checkbox"/>
Adult Membership:¹	(Over 18 years on date of application)	<input type="checkbox"/>
Life Membership:	(One off payment)	<input type="checkbox"/>
	(Instalments) = 3 instalments over 3 years	<input type="checkbox"/>
Corporate Membership:²	(One off payment)	<input type="checkbox"/>
	(Instalments)	<input type="checkbox"/>
Family Membership:¹	2 adults & 2 junior/youth	<input type="checkbox"/>
Young Farmer Membership:¹	Under 30 years old YFCU valid membership	<input type="checkbox"/>
Senior Membership:¹	Over 65 years old	<input type="checkbox"/>

Have you previously held a RUAS membership?
If yes, please state membership date

If you have previously availed of a membership application offer, you are exempt from any further membership application offers, and full payment is required.

¹ Junior, Youth, Adult, Family, Young Farmer and Senior members completing a direct debit mandate will receive a discount on their membership rates. Refer to current membership prices for details.

² Corporate Membership entitles 1 individual to utilise the benefits of membership over a 3 year period.

2 Personal Details

(All fields marked with* are required)

Title:*	<input type="text"/>
Forename(s):*	<input type="text"/>
Surname:*	<input type="text"/>
Date of Birth:*	<input type="text"/> <input type="text"/> <input type="text"/>
	Gender:* <input type="checkbox"/> Male <input type="checkbox"/> Female
Awards :	<input type="text"/>
Business Name	(If applicable): <input type="text"/>
Address:*	<input type="text"/>
	<input type="text"/>
County:*	<input type="text"/>
	Postcode:* <input type="text"/>
Mobile:*	<input type="text"/>
	Email ¹ :* <input type="text"/>

¹ A valid email address must be provided.



Membership Application Form (Contd.)

3 Volunteering

The RUAS welcomes the participation of its Members. If you are interested in becoming actively involved with the Society please tick the box

4 Proposing Members

Proposed by

(Member name)

Member No.

Signed

Date

Seconded by

(Member name)

Member No.

Signed

Date

5 Initial Membership Payment

Payment will be made by credit card or cash

6 Future Payments

I have completed a direct debit mandate instruction on the form provided.

I intend to pay my future annual subscriptions by payment link.

I hereby apply for membership of the Royal Ulster Agricultural Society and have provided a photograph for my membership card.

Signature:

Date: