



**The Northampton Referees' Association
Membership Registration Form
Membership year 1st April 2012 – 31st March 2013**

Society: Northampton	DOB:	Date	
Name:		Daytime telephone number	
Address:			
Postcode:			
Email Address:			
Refereeing Level:			

Details:

Type of Remittance	Fee per Member	Amount
Full Membership Fee (Inc RA Insurance)	£28.00	
Non-Active Membership Fee	£21.00	
Student Membership Fee (Inc RA Insurance)	£12.00	
Optional Physiocare	£12.00	
Donation to the Benevolent Fund		
Other (please specify)		
	Total	

Guidance Notes:

Please complete and submit this form ensuring you have included the following;

- a) Completed Registration Form giving details as requested.
- b) Cheque or Postal Order payable to "**The Northampton Referees' Association**"
- c) Please post completed forms to the address detailed below.