

RNMBR & SBS ASSOCIATION MEMBERSHIP APPLICATION

PERSONAL DETAILS – A PHOTOGRAPH, OLD OR NEW, WOULD ALSO BE APPRECIATED

Surname:		Forename(s):	
Nickname(s):		Partner:	
Date of birth:	Phone:	Email:	
Current address:			
City:	County/Country:	Postal Code:	
Year Joined/Left RN:	Rank on discharge:	Service No.:	

SERVICE HISTORY – USE EXTRA SHEET IF NECESSARY

Training Hospital:	Service History: (Chronological order, draft/appointments over six months only):

SUBSCRIPTION PAYMENT DETAILS

Please choose one of the following membership options (please indicate which):

FULL: **YES** **NO** - £13 per annum – Full access to *DOC RN* magazine and Website – 3 or 4 issues a year. Password issued in due course.

JOINT: **YES** **NO** - £13 per annum – As above – Members of same family who are ex-serving medical personnel.

OVERSEAS: **YES** **NO** - £20 per annum – As above. Extra cost of international postage and communications. **(NB If ONLINE only - £13)**

ANNUAL PAYMENT (*PLEASE MAKE SURE YOU/YOUR BANK PAYS BY 1ST JANUARY)

A Standing Order, due on 1st January each year, is the **preferred method** (please indicate which):

Standing Order: **YES** **NO** Cheque: **YES** **NO** Cheques should be made payable to "RNMBR & SBS Association" *

* I enclose a Cheque for £..... and **WILL / WILL NOT** be arranging a Standing Order † (please indicate which)

DOC RN MAGAZINE

Please indicate if you are happy to receive and read *DOC RN* as a PDF document **ONLINE** via the Association Website. [In doing so, this would save the Association from having to purchase so many copies and save money. However, a 'hard' copy will be provided if you so wish or, obviously, if you do not own a computer! Please note, once issued with a password, each member will be able to view *DOC RN* online, but please think about the cost of producing unwanted copies of *DOC RN* plus the postage!] (please indicate which)

I wish to be able to read <i>DOC RN</i> online via the website	YES	NO
I wish to receive a 'hard' copy of <i>DOC RN</i>	YES	NO

PLEASE COMPLETE USING A WORD PROCESSING PROGRAM AND SEND AS ATTACHMENT OR SCAN THIS FORM AND EMAIL TO:

John.bright2@sky.com or **POST to:** John Bright, Acting Honorary Membership Secretary, 10 Clarendon Rd, BROADSTONE, Dorset, BH18 9HX

Telephone number: 01202 269806

† **Information for standing orders** - Lloyds Bank Ltd. Sort Code: 30-93-56. Account Number: 00041268. Account Name: Royal Naval Medical Branch Ratings and Sick Berth Staff Association. Amount: £13. To be paid: 01 January annually.

I, the undersigned, hereby make application for membership and, if accepted, agree to abide by the Constitution of the Association and support the Association to the best of my abilities. I understand the membership fee shall cover the period from 1st January to 31st December and any payment received during the year shall only cover the remainder of that year. Any changes in membership fees will be promulgated in **DOC RN**.

Signature Dated