

RNARS Membership Check

Please complete in **BLOCK** capital letters. On completion send it to:

Mr A Walker, RNARS Membership Secretary
26 Sketchley Court, Dogwood Avenue, Bulwell, NG6 7DL

Name: _____

Callsign: _____

RNARS Number: _____

Postal Address: _____

Post / Zip Code: _____

Country: _____

I wish to remain a member of the RNARS and agree to pay my annual subscriptions by the first of April each year.

I will pay my subscription at the rate of **£15-00** for delivery of the Newsletter by post or **£5-00** for delivery of the Newsletter by e-mail **(delete as required)**. If paying by cheque or postal order, please include your name, callsign and RNARS number on the back. Life members are exempt from paying subscriptions, but are asked to fill in this form in order to synchronise the membership list.

If requesting delivery of your **Newsletter by e-mail**, in addition to the above, **you must subscribe to the distribution list** as per the instructions on page four.

Signed: _____

Date: _____