Membership Application

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| --- | --- |
| Full Name:  | Date of Birth: |
| Address: | Period at School |
| Tel. No. | House |
| Email: | We will send all correspondence to you by email unless you tick this box  |

I hereby make application for membership of Raynes Park Former Pupils Society.

If my application is approved, I agree to abide by the Rules of the Society (overleaf)

Signed ……………………………………………... Date: ………………………

Please tick one or more of the following:

( ) I give my permission to RPFPS to circulate to all other registered Members of the Society, my name, address and contact details, including details of my time spent at Raynes Park School

( ) I give permission for those same details to be offered to the School.

( ) I do NOT want my details to be circulated.

Please send completed applications to: Ron Ribolla, 78 Park Avenue East, Epsom
KT17 2PA.

Note: The information that you provide will be held and used in accordance with our stated Privacy Policy, a copy of which may be found at the Society website [www.rpfps.co.uk](http://www.rpfps.co.uk)

Are you in contact with any former pupils who we can contact regarding joining the society? If so, please give details below:

Name: ………………………………….…….. Contact Details: ………………………………