

MEMBERSHIP APPLICATION

Name(s):	
Address:	
Post Code:	
Contact Telephone Number:	
Email address:	

I would like to become a member of RCT Yes / No If yes, please complete information below

I / We confirm that I / we am/are over the age of 18 and live in the Rhynie Primary School catchment area.

I enclose my membership fee of: £1 per annum or £10 Lifetime membership

Signature: _____ Date: _____

Signature: _____ Date: _____

FOR SECRETARY USE

Date Certificate Issued

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VOLUNTEER SLIP

I would like to become an RCT Volunteer Yes / No If yes, please complete information below

Name(s):

Address:

Contact Telephone Number:

Contact email address:

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FUNDRAISING EVENT

I would like to organise a fundraising event in aid of the Trust Yes/ No If yes, please complete your details below

Name(s):

Address:

Type of Event you would like to Organise:

Contact Telephone Number:

Contact email address:



EVENTS QUESTIONNAIRE

Please tick and events / fundraising activities that you would be interested in attending and return in the envelope provided . Please note this is not a commitment from you to attend these – just an indication of the type of event that interests you.

EVENT TYPE	Tick if interested
Prize Bingo	
Cheese and Wine	
Football Tournament with BBQ	
Hypnotist night	
Pop up restaurant – themed	
Disco	
Bands – if ticked – what is your music preference?	
Car Boot Sale	
Other Suggestions:	

Name:

Contact email address:

Contact Telephone Number: