



WARWICKSHIRE SOCIETY OF REFEREES (1895)

Application Form for Membership

Surname						
First Name(s)						
Date of Birth						
Full Address						
Email						
Home Tel No.						
Mobile No.						
Club Affiliation						
Past experience of refereeing						
Available to Referee Please tick boxes that apply	Saturday		Sunday		Midweek	
	am	pm	am	pm	Day time	Evening

I consent to the data on this form being used by the Warwickshire Society of Referees for the making of appointments and other society activities. The information may also be published in the Society handbook or joint handbook with Warwickshire RFU.

Confirmation of the above statement – please tick the box

I consent to the Society sending me promotional material related to the Societies activities.

Confirmation of the above statement – please tick the box

This consent will be limited to Society activities and the data will not be divulged to other organisations unless it is directly associated with activity of the Society. The data will not be used for marketing or other commercial communications by the Society or other organisation or individual.

Signed.....Date.....

Please complete and return with a cheque for £15 for Adults or £5 for U18's (payable to WSOR) to:
 Malcolm Murphy (Hon Sec), 301 Smorrall Lane, Bedworth, CV12 0LQ
 Tel: 05600 281350 or 07902 286297
 Email: warwickrefsec@btinternet.com

SOCIETY USE ONLY

Membership Application
 Approved at Executive Meeting on Signed.....