

# RNMBR & SBS ASSOCIATION MEMBERSHIP APPLICATION

## PERSONAL DETAILS – A PHOTOGRAPH, OLD OR NEW, WOULD ALSO BE APPRECIATED BUT NOT ESSENTIAL

First name:		Last Name:	
Nickname:		Partners Name:	
Date of birth:	Phone:	Email:	
Current address:			City / Town:
County:	Country:		Postal Code:
Year Joined ..... and Left .....		RN:	Rank/Rate on discharge:
Service: RN / RM / QARNNS / RFAMS / WSBA / NNAS / VAD / OTHER			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 BOTH ex-serving medical personnel. ONE FORM EACH

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

ASSOCIATE: **YES NO** - £13 per annum. Proposed and approved by the NEC iaw The Association Constitution.

## ANNUAL PAYMENT (\*PLEASE MAKE SURE YOU/YOUR BANK PAYS BY 1<sup>ST</sup> JANUARY)

A Standing Order, due on 1<sup>st</sup> 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 wish to receive a **printed copy** of The Association periodical *DOC RN* or read the PDF document available **online** via The Association Website. Members will be registered on the website database and receive logon details on joining.

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

**PLEASE COMPLETE USING A WORD PROCESSING PROGRAM AND SEND AS ATTACHMENT OR SCAN THIS FORM AND EMAIL TO: [docrnmembership@gmail.com](mailto:docrnmembership@gmail.com) OR COMPLETE IN BLOCK CAPITALS AND POST TO:**  
 Dave Grist, Honorary Membership Secretary, 3 Alverstons Avenue, Fareham, Hampshire, PO14 3BH

† **Information for standing orders and BACS Payments** - 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 (£20 for overseas with magazine). To be paid: 01 January annually. **Use your full name as a reference to ensure we can identify you.**

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. Members **joining** between 1<sup>st</sup> October and 31<sup>st</sup> December will have the commencement date of their membership deferred to the next 1<sup>st</sup> January to allow them to be allocated a full year. Any changes in membership fees will be promulgated in **DOC RN**.

I also consent to The Association using my submitted personal data for the administration of The Association as stated in the GDPR Data Protection Privacy Policy. This can be found on The Association website or on application to the Membership Secretary.

Signature ..... Dated ..... **[v17.1 Nov 21]**