



Membership Application Form

Personal Information

Mr/ Mrs/ Miss/ Ms/ Full Name:

Address:

Post Code: Home Tel:

Work Tel: Mobile:

E-mail Address:

The trust will use e-mail as it's primary form of correspondence

Date of Birth:

On occasions the Trust may use your information for marketing purposes.

If you do not wish for your details to be used please tick the box

I wish to become a member of CRY S 16: The Scarlets Supporters' Trust, in accordance with its rules and constitution and enclose payment for my annual subscription

Please tick

Adult	£10 (One member, one Vote)	<input type="checkbox"/>
Junior	£1 (Under 16's only, no Vote)	<input type="checkbox"/>
O.A.P.	£5 (One Member, one Vote)	<input type="checkbox"/>
Life Time Membership:	£200 (One Member, one Vote)	<input type="checkbox"/>

Donation to Trust

I would also like to make an additional donation of £ _____ to help the trust achieve it's aims in accordance with our constitution

MONTHLY ANNUALLY ONE OFF

If you want to make a donation please complete the second mandate

Payment Method:

(Please tick as appropriate)

Cash Cheque (Made payable to Crys 16)

Standing order Mandate

(please complete form below)

Shares in Llanelli RFC Ltd

Yes No

Do you currently hold Shares in Llanelli RFC Ltd? If yes how many _____

Yes No

Would you donate your shares to the trust? If yes how many _____

If not Would you allow the trust to act as proxy in an AGM or EGM?

Not Interested

Signed:

Date:

(if under 16 please get parent/Guardian to sign)

Please return completed form to the address below.

CRYS 16: The Scarlets supporters' Trust
25 Heol Innes, Llanelli
Carmarthenshire, SA15 4LA

<http://www.crys16.co.uk>

membership@crys16.co.uk



Membership Standing Order Form

Please return this form to CRYS16. **NOT YOUR BANK**

We will then copy the details for our records and forward the mandate to your bank for processing

To (bank name)

Address

Please Pay	Bank		Sort Code Number	
	HSBC		40-16-13	
For the credif of	Beneficiary's Name	Account number	Quoting Reference:	
	CRYS16	51432176		
	Amount	Amount in words	Account to be debited	Account No.
	£			
Commencing	Date of first Payment	and thereafter	Until further notice in writing	Date of last Payment
	<input type="text"/>	Annually	or	<input type="text"/>

Name _____

Signed _____

Dated _____



Donation Standing Order Form

Please return this form to CRYS16. **NOT YOUR BANK**

We will then copy the details for our records and forward the mandate to your bank for processing

To (bank name)

Address

Please Pay	Bank		Sort Code Number	
	HSBC		40-16-13	
For the credif of	Beneficiary's Name	Account number	Quoting Reference:	
	CRYS16	51432176		
	Amount	Amount in words	Account to be debited	Account No.
	£			
Commencing	Date of first Payment	and thereafter	Until further notice in writing	Date of last Payment
	<input type="text"/>	Monthly/Quarterly/Annually*	or	<input type="text"/>

Name _____

Signed _____

Dated _____