



The Royal Scottish Pipe Band Association

45 Washington Street, Glasgow G3 8AZ. Telephone 0141 221 5414



FIRST TIME MEMBER REGISTRATION FORM

This form is for the use of persons who are joining the Association for the FIRST TIME and are not already in possession of a MEMBERSHIP NUMBER.

This form **MUST NOT** be completed by any persons who is already registered with another Band which is in membership of the Association

As a condition of Membership, the RSPBA will process the data contained in this application form in line with their published Privacy Policies at www.rspba.org

Please return this form, with ALL sections fully completed in BLOCK CAPITALS to RSPBA Headquarters at the above address

FAILURE TO COMPLY MAY RESULT IN A BAND BEING FINED OR SUSPENDED BY THE BOARD OF DIRECTORS

OFFICIAL USE	
New Member:	<input type="checkbox"/>
Membership Number:	<input type="text"/>
.....	

TITLE

SURNAME

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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FORENAMES

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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STREET NO. / APT. NO. OR HOUSE NAME

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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STREET

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CITY/TOWN

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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POSTCODE

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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D.O.B. (DDMMYYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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BAND _____

GRADE _____

RSPBA BRANCH _____

DATE _____

BAND SECRETARY'S SIGNATURE _____

Please tick appropriate box:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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P/M P/M Ass. Piper L/DR Drummer Tenor Drummer Bass Drummer D/M Secretary Committee