



# The Royal Scottish Pipe Band Association

45, Washington Street, Glasgow G3 8AZ - 0141 221 5414

## Release / Transfer Form

ALL SECTIONS TO BE COMPLETED IN BLOCK CAPITALS - PART ONE, ALL PARTS TO BE COMPLETED BY RELEASING BAND

### INCOMPLETE FORMS WILL BE RETURNED AND WILL DELAY REGISTRATION

AS A CONDITION OF MEMBERSHIP, THE RSPBA WILL PROCESS THE DATA CONTAINED IN THIS APPLICATION IN LINE WITH THEIR PUBLISHED PRIVACY POLICIES FOUND AT WWW.RSPBA.ORG

PART ONE Band:

Band No.:

Grade:

Branch:

The above named Band has released the following member from (Date):

Please tick as appropriate

P/M

P/M Ass.

Piper

L/DR

Drummer

Tenor  
Drummer

Bass  
Drummer

D/M

Secretary

Committee

Members Full Name:

Address:

Post Code:

Band Member's Registration Number:

Date of Birth (Juvenile only):

We confirm that **ALL** equipment has been returned and **ALL** monies due have been paid:

Pipe Major's Signature:

Print Name:

Sec./Treasurer's Signature:

Print Name:

On Completion of Part One, this form should be given to the member concerned for submission to the new band the member is joining. **If the member does not intend joining another band, a copy of this form should be forwarded to RSPBA Headquarters in order that their name can be removed from the releasing band's membership list.**

ALL PARTS TO BE COMPLETED BY RECEIVING BAND. **INCOMPLETE FORMS WILL BE RETURNED AND WILL DELAY REGISTRATION**

PART TWO Band:

Band No.:

Grade:

Branch:

We confirm that we are prepared to accept the above named person as a member of our band as of (Date):

The new member will act in the capacity as

Please tick as appropriate

P/M

P/M Ass.

Piper

L/DR

Drummer

Tenor  
Drummer

Bass  
Drummer

D/M

Secretary

Committee

Pipe Major's Signature:

Print Name:

Sec./Treasurer's Signature:

Print Name:

PART THREE: To be completed by the Transferring Member. Please list the Name(s) of the Bands you have been a member of for the last 5 years.

Band:

From:

Until:

Grade:

Branch/Association:

Band:

From:

Until:

Grade:

Branch/Association:

Band:

From:

Until:

Grade:

Branch/Association:

New Members Signature:

PRINT NAME:

On completion of ALL parts this form should be returned unseparated to RSPBA Headquarters for endorsement