



# CARDIFF UNIVERSITY RUGBY CLUB FORMER PLAYERS ASSOCIATION



Membership form:

Name:	
Year Graduated:	
Course Studied:	

Contactable Address: For office use only.

House Number:	
Street:	
Area:	
Town: or City	
Post Code:	
Phone:	
Mobile:	
E-mail:	

Direct Debit details:

Bank name:	
Bank address:	
Account number:	
Sort Code:	

**I played for: tick appropriate team, IMG please state which team:**

Mens	Mens	Mens	Medics	Medics	Ladies	Ladies	IMG
1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	1 <sup>st</sup>	2 <sup>nd</sup>	1 <sup>st</sup>	2 <sup>nd</sup>	

Signed:	
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