



Membership Renewal Form

Title(s):			
Full Name(s):			
Address 1:			
Address 2:			
Post Town:			
County:			
Post Code:			
Telephone No(s):	Home:		Mobile:
Email(s):		Date of Birth:	
In case of an emergency, who do you wish contacted:			
Name:		Telephone No:	
Details of any health conditions or regular medication taken ¹ :			
I agree to the above information being stored on a computer database ² :			Yes <input type="checkbox"/> No <input type="checkbox"/>
I agree to my details being shared with other RMRS members, if requested ³ :			Yes <input type="checkbox"/> No <input type="checkbox"/>
I wish to pay the annual membership subscription ⁴ of £20 by (tick one box):			
Standing Order <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> (Made payable to "The Roman Military Research Society")			
In signing this document I agree to abide by the rules of The Roman Military Research Society. I understand and acknowledge that The Roman Military Research Society has Public Liability Insurance but cannot be held responsible for any personal injury sustained by me in the course of any events or activities undertaken by the society.			
Signed:	Name:	Date:	
Please return the completed form to THE RMRS Secretary c/o 72, Hillside Avenue, Kettering, Northamptonshire, NN15 6EF.			
Notes:			
1. Personal medical information will only be used by THE RMRS' First Aid qualified members in the event of sickness or injury to inform the emergency services.			
2. All personal information is stored in accordance with the Data Protection Act 1986.			
3. Your contact details will only be shared with other verified members of THE RMRS. At all other times your permission will be first sought.			
4. THE RMRS reserves the right to alter the annual subscription subject to the agreement of a majority of members voting at a General Meeting.			