The Royal Scottish Pipe Band Association
45 WASHINGTON STREET, GLASGOW G3 8AZ. TELEPHONE: 0141-221 5414 FACSIMILE: 0141-221 1561

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 **REGISTRATION NUMBER**.

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

Please return the completed form to RSPBA Headquarters at the above address

OFFICIAL USE

Membership Number:
…….

FAILURE TO COMPLY MAY RESULT IN A BAND BEING FINED OR SUSPENDED BY THE NATIONAL COUNCIL

TITLE **SURNAME**

FORENAMES

STREET NO. / APT. NO. OR HOUSE NAME

STREET

CITY/TOWN

POSTCODE

D.O.B (Juvenile only) _____

BAND _____ **GRADE** _____

RSPBA BRANCH _____ **DATE** _____

SIGNATURE _____

Please tick appropriate box:

P/M	P/M Ass.	Piper	L/DR	Drummer	Tenor Drummer	Bass Drummer	D/M	Secretary	Committee
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐