



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

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

OFFICIAL USE
Membership Number:

TITLE	SURNAME
<input type="text"/>	<input type="text"/>

FORENAMES

STREET NO. / APT. NO. OR HOUSE NAME

STREET

CITY/TOWN

POSTCODE

D.O.B (Juvenile only) _____

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