RELEASE / TRANSFER FORM

ALL SECTIONS TO BE COMPLETED IN BLOCK CAPITALS

PART ONE: ALL PARTS TO BE COMPLETED BY RELEASING BAND

INCOMPLETE FORMS WILL DELAY REGISTRATION

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

BAND: ____________________________ BAND NO. ________
BRANCH: __________________________ GRADE: ________

The above named Band has released the following member as from (date): _____________

Please tick as appropriate

P/M ________ P/M Ass. ________ Piper ________ Secretary ________ Committee ________
L/Drummer ________ Drummer ________ Bass Drummer ________ Tenor Drummer ________ Drum Major ________

MEMBER’S NAME ____________________________________________________________

ADDRESS ________________________________________________________________

____________________________________ POST CODE ______________

DATE OF BIRTH ________________________________________________

BAND MEMBER’S REGISTRATION NUMBER: ____________________________

We confirm that ALL equipment has been returned and all monies due have been paid.

PIPE MAJOR’S SIGNATURE _____________________________________________

SECRETARY / TREASURER’S SIGNATURE ________________________________

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.

PART TWO: ALL PARTS TO BE COMPETED BY RECEIVING BAND

INCOMPLETE FORMS WILL DELAY REGISTRATION

BAND: ____________________________ BAND NO. ________
BRANCH: __________________________ GRADE: ________

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

PIPE MAJOR’S SIGNATURE _____________________________________________

SECRETARY’S SIGNATURE _____________________________________________

NEW MEMBER’S SIGNATURE ____________________________________________

This member will act in the capacity as:- Please tick as appropriate

P/M ________ P/M Ass. ________ Piper ________ Secretary ________ Committee ________
L/Drummer ________ Drummer ________ Bass Drummer ________ Tenor Drummer ________ Drum Major ________

On completion of Part Two, this form should be returned unseparated to RSPBA Headquarters for endorsement.

www.rspba.org