

SARACENS SUPPORTERS ASSOCIATION

MEMBERSHIP APPLICATION FORM

<http://www.saracenssupporters.org>



NAME: _____

ADDRESS: _____

POSTCODE: _____

TELEPHONE: _____

EMAIL: _____

Membership type applied for:

Adult Membership (£10)

Child Membership* (£5)

Total amount paid.

Please make cheques payable to; *Saracens Supporters Association Ltd.*

Declaration: I wish to become a member of Saracens Supporters Association (A company Limited by guarantee) and I agree to contribute the sum of £1 if the company is wound up whilst I am a member and abide by the Memorandum and Articles of Association of the Company.

* Under 16 on June 1st prior to the season in question.

Signed Date