



Highlands House, Basingstoke Road, Spencer's Wood, Reading, Berks RG7 1NT
Web: www.readingrockacademy.com | Email: info@readingrockacademy.com | Tel: 0757 681 8001

MEMBERSHIP FORM

APPLICANT'S DETAILS							
Applicant's Last name:		First name:		<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss. <input type="checkbox"/> Ms.	Date of Birth: (DD/MM/YYYY)	
Band Name:			(Parent's contact details if applicant under 18 years old)				
Street address:			Home phone no:				
			Mobile Contact no:				
			Email Address:				
City / Town:			County:		Postcode:		
Please list instruments played:		Length of time been playing:		Grade levels achieved:		Other Notes/ Comments:	
School / College / University:							
Please tick the service(s) which you would like to apply for:							
Gigs <input type="checkbox"/>		Rock Club <input type="checkbox"/>		Band Experience <input type="checkbox"/>		Instrumental Lessons <input type="checkbox"/>	
Songwriting Club <input type="checkbox"/>							

EMERGENCY CONTACT & MEDICAL DETAILS			
Full name of person to contact in case of an emergency:		Relationship to applicant:	Emergency no:
Please inform us of any medical conditions that we need to be aware of affecting you. We do not administer medicines to any members. There will be access to emergency first aid, in the unlikely event of an emergency medical situation.			

DATA PROTECTION
I give my consent for appropriate photographs or video footage to be taken of me, for quality assurance training within the academy and occasional promotional activity on our website or promotional materials. Y / N [we will not display your name with any pictures or video]
<u>DATA PROTECTION ACT & PRIVACY of PERSONAL INFORMATION</u> Reading Rock Academy Ltd does not pass on your details to any third party organization. You agree for us to store the registration information on our academy information system. If you WOULD LIKE us to send you information via email or post, regarding Reading Rock Academy Ltd's events or special concerts and performances please tick the box here <input type="checkbox"/> .



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I have enclosed my membership fee of £10.00 **Y / N** [for details on payment options, please see below]

The above information is true to the best of my knowledge. I have read and accepted the membership terms and conditions on www.readingrockacademy.com

Applicant's signature _____
Date

The above information is true to the best of my knowledge. I have read and accepted the membership terms and conditions on www.readingrockacademy.com

Parent/guardian's signature (if applicant under 18 years) _____
Date

Payment Options

By Cheque:

Please make cheques payable to Reading Rock Academy Limited

Via Bank Transfer:

Please enter the following details to make a transfer

Banks Name: The co-operative

Sort Code: 089250

Bank a/c: 680310401 /

OFFICE USE ONLY		
Payment submitted <input type="checkbox"/>	Date:	
Membership Form Checked By		
Full Name:	Signature:	Date: