



## MEMBERSHIP APPLICATION FORM

Please delete as appropriate

I wish to apply for Full / Associate / Student / Retired Membership

**Title:** \_\_\_\_\_ (Dr/Mr/Mrs/Ms/Miss)

**Surname:** \_\_\_\_\_

**Forenames:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

To which address do you wish your RMA correspondence to be sent?

Home       Business      *please tick as appropriate*

**Employer's Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Postcode:** \_\_\_\_\_

**County:** \_\_\_\_\_

**Business Tel:** \_\_\_\_\_

**Fax Tel:** \_\_\_\_\_

**Mobile Tel:** \_\_\_\_\_

**e-mail address:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Date of Appointment:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Postcode:** \_\_\_\_\_

**County:** \_\_\_\_\_

**Home Tel:** \_\_\_\_\_

**Please list previous positions held within the industry:**

**Are you a member of any other Professional Body?**

If so, which?: \_\_\_\_\_

**In which section of the Leisure Industry do/did you work? (tick one only)**

Corporate       Commercial Club/Business       Local Authority       Armed Forces   
Education       Voluntary       Full-time Student       Other \_\_\_\_\_

**In which category does your current job fall? (tick one only)**

Owner       General Manager/Secretary       Manager ie. sport, catering       Supervisor/Steward   
Operational/Technical       Commercial Club/Business       Consultant       Other \_\_\_\_\_

**In which specialised area of the Leisure Industry do you principally work? (tick one only)**

Leisure Facility       Corporate Club       Health & Fitness       Catering/Hospitality   
Conference       Hotels       Sports & Physical Rec.       Arts & Entertainment   
Theme Parks       Educational       Tourism & Travel       Other \_\_\_\_\_

**How did you become aware of the RMA?**

Seminar       College       Mailshot       Colleague       Exhibition       Former Member       Other

**TO BE COMPLETED BY ALL APPLICANTS:**

**FULL / ASSOCIATE / STUDENT / RETIRED**

*(Please delete as appropriate)*

Application for full membership will be considered from any person who can provide evidence that they are employed in, or involved with on a daily basis, management or organisation within the recreational and leisure industry.

I wish to become a member of the RMA -

Signed: \_\_\_\_\_

Remittance enclosed: \_\_\_\_\_

Date: \_\_\_\_\_

Please post your completed form and remittance to:

**Glenn Ashley, Executive Officer**  
**Recreation Managers' Association of GB**  
**PO Box 2437**  
**Kidsgrove**  
**Stoke on Trent**  
**ST7 4ZQ**

**Email: [glennrma@msn.com](mailto:glennrma@msn.com)**

**Tel: 01782 788111**

**Mobile: 07976 371215**

**Annual Subscription Rates:**

Full Members	<b>£100.00</b>
Commercial Members	<b>£200.00</b>
Student Members	<b>£25.00</b>
Retired Members	<b>£20.00</b>
Social Members	<b>£5.00</b>

*All the above are subject to VAT*

***We look forward to welcoming you to the Association!***

