



RAF Ramstein Rogues RUFC

Victory Through Support

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New Member Application:

Last Name		First Name		MI	
Mailing Address					
Physical Address					
Home Phone		Cell Phone			
Email		Date of Birth			
Place of Birth		Nationality			
Occupation		If Military, Unit			
Years Rugby Exp		Positions Played			
Former Clubs					

Dues Payment :

I hereby request membership with the RAF Ramstein Rogues RUFC. By virtue of this application, I agree to the terms and conditions outlined in the charter of this organization.

Amount Paid: € _____

Date Signature of Applicant