

Membership Request



First Name: _____

Surname: _____

Email Address (CRSID if student): _____

Mailing Address: _____

Postcode: _____

Connection with Trinity College (Optional): _____

I would like lifetime/student membership of TCMS (delete as appropriate).

Signature: _____

Date: _____

For internal use only:

Payment received?

Signature: _____

Date: _____

