

Membership Request



First Name: _____

Surname: _____

Email Address (CRSID if student): _____

Mailing Address: _____

Postcode: _____

Connection with Trinity College (Optional): _____

Tick this box if you would prefer not to receive TCMS term cards by post:

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

Signature: _____

Date: _____

For internal use only:

Payment received?

Signature: _____

Date: _____

