

Member Details Update Form

PLEASE COMPLETE FORM IN BLOCK CAPITALS

ALL FIELDS MARKED WITH * ARE COMPULSORY



— 1854 - 2024 —
**CELEBRATING
170 YEARS**

Membership No.* _____

First Name* _____

Last Name* _____

Middle Names (if any) _____

Address* _____

Post Code* _____

Home Tel No. _____

Mobile Tel No* _____

Work Tel No. _____

Email Address* _____

Email completed forms to: membership@ruas.org.uk

Alternatively,
Post completed forms to:

R.U.A.S
Eikon Exhibition Centre
Balmoral Park
Halftown Road
Lisburn
BT27 5RD

