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| | |
|-----------------------------------------------------------------|----------------------------------------------------------------------|
| Contact Name | <input type="text"/> |
| Company | <input type="text"/> |
| Address | <input type="text"/> <input type="text"/> <input type="text"/> |
| Post code | <input type="text"/> |
| Telephone number | <input type="text"/> |
| e-mail | <input type="text"/> |
| Preferred User Name (min 8 characters, alpha numeric, no space) | <input type="text"/> |
| Preferred Password (min 8 characters, alpha numeric, no space) | <input type="text"/> |

Credit Card Payment – please tick right hand box and enter the information below

| | | | |
|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|----------------------|
| Credit Card Type | <input type="text"/> | Holders Name | <input type="text"/> |
| Card Number | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | |
| Credit Card Start Date or issue Number (Switch only) | <input type="text"/> | | |
| Credit Card Expiry Date | <input type="text"/> | Credit Card three digit security code | <input type="text"/> |

Cheque Payment – please attach your cheque

Payment amount

| | |
|------------------------------------------------------------------------------|----------------------|
| New users for 12 months : £550 + VAT | <input type="text"/> |
| Existing Subscribers – <i>Anniversary Renewal</i> for 12 months : £176 + VAT | <input type="text"/> |

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I have read and understood the above disclaimer

Signed

Date

When complete return to:- rcd@rya.org.uk or

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