



**ROYAL MARINES
ASSOCIATION
HIGHLAND BRANCH**

Membership Application Form

Surname;	Service Type;	RM <input type="checkbox"/>	RN <input type="checkbox"/>	Other <input type="checkbox"/>
Forenames;	Date of Enlistment;	/	/	
Title;	Date of Discharge;	/	/	
Date of Birth;	/	/		

Address;	Service No;		
	Decorations/Awards;		
	Date Joined RMA;	/	/
	Membership;	Full <input type="checkbox"/>	Associate <input type="checkbox"/>
Postcode;	Branch Membership ;	£10:00	

Occupation;	e-mail;
Tel Home;	Partners Name;
Tel Mobile;	Contact Details;

Service Record;

History as a Civilian;

Signature

Date

/ /

All information will be treated as confidential and will not be divulged outside the RMA