



Riverbend Medieval Society Inc

A multi-period medieval re-enactment group
covering the period 800-1500AD



Member Application

New

Renewing

ARA Insurance

PL

PL+PIC

ARA Membership Number _____ Expiry date ____ / ____ / ____

Name _____

Date of Birth ____ / ____ / ____

Residential Address _____

Postcode _____

Postal Address _____

Postcode _____

Telephone Home _____ Mobile _____

Email Address _____

Preferred regular communication

E-mail

Yes

No

Facebook

Yes

No

Next of Kin Name _____

Relationship _____

Contact Number _____

Medieval Persona Name _____

Preferred Period Early Medieval
0800-1000AD

High Medieval
1000-1300AD

Late Medieval
1300-1500AD

Specific Period _____ Social Class (if appropriate) _____

Please list skills or
interests you would like
to share or wish to
acquire _____

Certifications First Aid _____ Blue Card _____

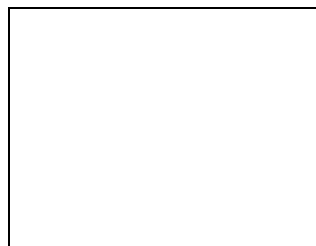
Other _____

Signature of Applicant _____ Date _____

Signature of Parent
(if applicant under 18 years of age)

Also required is one head and shoulders
photograph of you for identification purposes

Insert an image or attach a separate image.



I have read the Riverbend Medieval
Photography Policy and agree

Yes

No

Please email to:- secretary.riverbendmedieval@gmail.com

Or post to:- Riverbend Medieval Society c/o PO Box 7654, URANGAN, Qld., 4655

Office use only:-

Receipt Number _____

ARA Card sighted _____