



Member Details Update Form

**PLEASE COMPLETE FORM IN BLOCK CAPITALS
ALL FIELDS MARKED WITH * ARE COMPULSORY**

Membership No.* -----

First Name* -----

Last Name* -----

Middle Names (if any) -----

Date of Birth* -----

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**

