**Name:** -------------------------------------------------------------------------------------

**Address:** --------------------------------------------------------------------------------------

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 ----------------------------------------- **Post Code:** ----------------------

**Email address:** ------------------------------- ------------- **Date of Birth:** -----------------------

 **Age Next Birthday**: --------------------

**Telephone:**

 Hme: Wk: Mobile:

**Registered: Comet /GCFA (Indicate Y/N):**  ---------------------: Comet ID: --------------------

**Referee Grade:** ----------------------

**Leagues Affiliated**: -------------------------------------------------------------------------------------------------\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fees:**

Members aged over 18 years on 1st April 2023: £14.00 - (£7.00 Mon RA - £7.00 RAW with Free Insurance)

**New** Members, over 18 years, joining after 1st Jan 2024: £10.50 - (£7.00 Mon RA - £3.50 RAW with Free Insurance)

Members aged under 18 years on 1st April 2023: £7.00 - (£3.50 Mon RA - £3.50 RAW with Free Insurance)

**New** Members, under 18 years, joining after 1st Jan 2024: £5.25 - (£3.50 Mon RA - £1.75 RAW with Free Insurance)

Non-Active Members aged over 65 years on 1st April 2023: £7.00 – (0 Mon RA - £7.00 RAW with Free Insurance)

* **NOTE**: Members over the age of 75 years **WILL** need to **Request** RAW Insurance and declare medical condition.

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Please return completed form and payment to:

Robert Rosen (Mon RA treasurer)

10, Blaen-y-Pant Avenue

 Newport,

 South Wales

 NP20 5PU

**Note:** All cheques payable to **‘Monmouthshire Referees Association’**

Contact Robert for bank details IF you wish to Bank transfer fee.