



MEMBERSHIP APPLICATION FORM



MUCKAMORE CRICKET & LAWN TENNIS CLUB MEMBERSHIP

Personal Details Please complete all applicable sections

Title:	Forename:	Surname:
Address:		
		Postcode:
Date of Birth:	Email:	
Home Tel No:	Mob Tel No:	

Have you ever been refused membership or barred from any other sports or social

YES NO

If Yes, please provide details:

<input type="checkbox"/>	<input type="checkbox"/>
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Select a Membership category

Family Membership (2 adults & 2 juniors)
Full Playing
Full Time Student (Aged between 18-21)
Non Playing
Junior (Under 18 as of 1 January)
Lunchtime Associate
Associate
Senior Citizen

Please tick appropriate box

£235	<input type="checkbox"/>
£100	<input type="checkbox"/>
£50	<input type="checkbox"/>
£35	<input type="checkbox"/>
£25	<input type="checkbox"/>
£11	<input type="checkbox"/>
£5	<input type="checkbox"/>
£6	<input type="checkbox"/>

Other Member Details Please complete if applicable

Member 2:
Date of Birth:
Member 3:
Date of Birth:
Member 4:
Date of Birth:

Signatures

Applicant:
Date:

We the undersigned, being full members of this club, nominate the applicant and certify that he/ she is a fit and proper person to become a member of this club.

Proposed By: (Print)
Signature:
Seconded By: (Print)
Signature:

MUCKAMORE CRICKET & LAWN TENNIS CLUB MEMBERSHIP

Payment Method Please indicate your method of payment. Cheques should be made payable to: **Muckamore Cricket & Lawn Tennis Club**

CASH	<input type="checkbox"/>	Tick
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CHEQUE	<input type="checkbox"/>	Tick
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STANDING ORDER	<input type="checkbox"/>	Tick
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Please ensure all monies are accompanied with the membership form. Cheques should be made payable to: **Muckamore Cricket & Lawn Tennis Club**

If payment is to be made by **Standing Order**, please complete the section below. All completed membership forms should be returned to:

Sandra Prentice
18 Cheviot Street
Belfast
BT4 3AP

Instructions to the Manager of Bank / Building Society:

Please complete this section if you wish to pay by standing order. Ensure that all fields are completed

Name of Bank / Building Society:

Address:

Postcode:

Name(s) of Account Holder(s):

Sort Code:

Account No:

Please pay Muckamore Cricket & Lawn Tennis Club the sum of

£

per month starting on (date)

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ending on (date)

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Signature:

Date: