

ST BOSWELLS CRICKET CLUB MEMBERSHIP FORM 2016

(COVERS PERIOD OF 1ST JAN 2016 – 31 DEC 2016)

PERSONAL DETAILS		
TITLE	FORNAME(S)	SURNAME
<input type="text"/>	<input type="text"/>	<input type="text"/>
ADDRESS		
<input type="text"/>		
TELEPHONE NUMBER(S)		
<input type="text"/>		
EMAIL ADDRESS(ES)		
<input type="text"/>		
D.O.B IF UNDER 18		
<input type="text"/>		

MEMBERSHIP CATEGORY		
TYPE	PRICE	TICK
VICE PRESIDENT/PATRON	£20 min	<input type="checkbox"/>
PLAYING MEMBER*	£40	<input type="checkbox"/>
WOMEN'S TEAM PLAYER*	£20	<input type="checkbox"/>
NON – PLAYING MEMBER	£10	<input type="checkbox"/>
<p><i>*NOTE: Player's insurance does NOT cover the first week following injury; players must provide their own cover. Payment of membership is mandatory for any match participation.</i></p>		
I have read and understood the Club's Child Protection Policy		TICK <input type="checkbox"/>
I have read and understand the Club's Inclusion and Diversity Policy		TICK <input type="checkbox"/>
<p>Club Policies are on the "policies" section of www.stboswellscricketclub.org</p>		
<p>NOTE: Under 16's should complete the Junior Membership Form</p>		

FOR THE ABOVE MEMBER I ENCLOSE A CHEQUE FOR A TOTAL OF (DONATIONS ARE WELCOME)	£ <input type="text"/>
--	------------------------

CHEQUES PAYABLE TO "ST BOSWELLS CRICKET CLUB"
STANDING ORDERS/DIRECT PAYMENT TO: Sort Code 83-26-34 Account Number 00137540

PLEASE HAND TO CLUB OFFICIAL, THROUGH THE CRICKET CLUB LETTER BOX OR POST TO:
MEMBERSHIP SECRETARY: KATRINA O'NEIL, 7 SPRINGFIELD SQUARE, ST BOSWELLS, TD6 0HA