ECGWINS CLUB

MEMBERSHIP APPLICATION FORM

**THIS FORM SHOULD BE COMPLETED BY APPLICANTS WHO ARE NOT CURRENTLY MEMBERS OF EPMC AND WHO ARE APPLYING TO BOOK FUNCTION ROOMS/EVENTS AT THE CLUB. THE COMMITTEE ARE UNABLE TO CONSIDER THIS APPLICATION UNLESS THE APPLICANT HAS COMPLETED AND SIGNED THIS FORM. APPLICANT(S) MUST BE OVER 18 YEARS OF AGE**

**Note that this form is number 3 of a set of 3 for use when making bookings.**

**All forms are available from The Club Secretary or Club Manager**

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| --- | --- | --- | --- |
| **APPLICANT’S FULL NAME: MR MRS MISS** | | | |
| **ADDRESS:** | | | **DATE OF BIRTH:** |
|  | | | **OCCUPATION:** |
|  | | | **HOME TEL NO:** |
|  | | | **MOBILE:** |
| **POST CODE:** | **E-MAIL:** | | |
| **THIS APPLICATION IS FOR SINGLE MEMBERSHIP. FAMILY MEMBERSHIP MAY BE APPLIED FOR AT RENEWAL** | | | |
| **NAME OF PROPOSER:**  **THE CHAIRMAN EPMC**  **Other:** | | **NAME OF SECONDER:**  **THE SECRETARY EPMC**  **Other:** | |
| **ADDRESS (If required):** | | **ADDRESS (If required):** | |
|  | |  | |
| **POST CODE (If required):** | | **POST CODE (If required):** | |
| **TEL NO( If required):** | | **TEL NO( If required):** | |

**SIGNATURE OF APPLICANT: ……………………………………………………… DATE: ………………………….**

**SIGNATURE OF PROPOSER (If required): ……………………………………. DATE: …………………..........**

**SIGNATURE OF SECONDER (If required): ……………………………………. DATE: …………………………..**

**Please return the Completed Form with Booking Form 2.**

|  |  |
| --- | --- |
| ­­­**FOR OFFICE USE ONLY**: | **DATE RECEIVED:** |
| **APPROVED:** | |

***“General Data Protection Regulations 2018 – all the information provided by the applicant will be***

***used solely for the administration of Ecgwins PMC and will not be disclosed to any third parties.”***