

SEDGEFIELD CRICKET CLUB – MEMBERSHIP APPLICATION FORM (NEW MEMBERS)

Please complete all sections of this form which apply. The information supplied will be entered into our secure electronic database where you will then be able to check details of both your membership and subscriptions owing and paid.

Which type of membership are you applying for? To ensure that you provide us with all of the required information, please tick **one** of the following boxes:

Individual (Only you, with no other family members. You must be over 18 to apply as an individual)	<ul style="list-style-type: none"> Please fill in the first personal details section only Please ensure that you select the correct membership category 	<input style="width: 40px; height: 20px; background-color: #4F81BD; border: none;" type="checkbox"/>
Group (Including family membership, with or without senior players. Also includes parent + under 18's not included in a family membership)	<ul style="list-style-type: none"> Please complete personal details for all group members Please ensure that you select the correct membership category 	<input style="width: 40px; height: 20px; background-color: #4F81BD; border: none;" type="checkbox"/>

YOUR DETAILS – FOR AN INDIVIDUAL OR FIRST GROUP MEMBER (including a parent of a junior player not included in a family membership)

Name: **Date of birth:**

Address (including postcode):

.....

Email:

Telephone:

Are you aged over 18 & a playing member? Yes / No

Are you a non-playing full voting member? Yes / No

Please confirm which membership category you are applying for (tick only one box):

- Individual Membership - Senior Player
- Individual Membership - Full time student player (over 18)
- Individual Membership - Full voting member
- Individual Membership - Social member
- Group membership – please confirm other members’ details below to ensure the correct fees are charged

IF YOU ARE APPLYING AS AN INDIVIDUAL ONLY, PLEASE NOW GO TO THE END OF THE FORM TO READ THE DECLARATION BEFORE SIGNING & DATING YOUR APPLICATION. FOR GROUP MEMBERSHIPS PLEASE CONTINUE BELOW.

ADDITIONAL MEMBERS’ DETAILS FOR GROUP MEMBERSHIPS

FIRST ADDITIONAL MEMBER – either a 2nd adult in a family membership OR the 1st / only child in a family membership OR a junior member not part of a family membership

Name: **Date of birth:**

If this additional member is an adult do they wish to be a full voting member (additional fee payable)? **YES / NO**

If this additional member is a junior player not part of a family membership, then the first listed adult member will not be entitled to a bar discount card. If this is your preference, please mark a “X” in this box:

For additional **adult** members please provide a contact telephone number and email address (if different from the first named adult member). Do not provide contact details for anyone aged under 16.

Telephone:.....**Email:**.....

[Once all relevant sections have been completed please place this form with your membership fees into one of the membership envelopes available in the Clubhouse. Your application will be processed by the Membership Secretary and there may be a short delay before you are issued with your bar discount swipe card. For all enquiries please email sccmemberships@outlook.com

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SECOND ADDITIONAL MEMBER – either the 1st child in a family membership with 2 adults registered as members OR the 2nd child in a family membership with 1 adult registered as a member

Name: Date of birth:

THIRD ADDITIONAL MEMBER – for additional children in a family membership

Name: Date of birth:

FOURTH ADDITIONAL MEMBER – for additional children in a family membership

Name: Date of birth:

COMPLETION OF THIS SECTION IS VOLUNTARY. HOWEVER, PROVISION OF THIS MONITORING DATA WILL HELP US FULFIL OUR EQUALITY POLICIES. FROM THE SECTIONS BELOW, PLEASE MARK IN THE BOXES ON THE RIGHT INTO WHICH EQUALITY MONITORING CATEGORY YOU AND EACH MEMBER OF YOUR GROUP FALLS		Member Number				
		1	2	3	4	5
Ethnicity	White British or White Irish					
	Any other White ethnic background – please specify					
	Asian or Asian British Indian, Pakistani or Bangladeshi					
	Any other Asian or Asian British ethnic background					
	Black or Black British Caribbean or African					
	Any other Black or Black British ethnic background					
	Any mixed ethnic background – please specify					
	Any other ethnic background – please specify					
	Prefer not to say					
Disability (Defined as a physical or mental impairment which has a substantial & long term effect upon their ability to carry out normal day to day activities)	Not considered by themselves to have a disability					
	Yes – visual impairment					
	Yes – hearing impairment					
	Yes – physical disability					
	Yes – learning disability					
	Yes – other mental health disability					
	Yes – other disability - please specify					
	Prefer not to say					
Gender	Male					
	Female					
	Prefer not to say or other (please specify)					

DATA PROTECTION STATEMENT – Membership of Sedgefield CC requires the processing & storing of personal data taken from this application & other data you supply, for the purposes of Club administration & contacting you about membership subscriptions & any official business connected with the Club. Telephone numbers for parents / guardians will be provided to captains, coaches & child welfare officers responsible for Club activities. The Club undertakes only to use information provided for these stated purposes.

DECLARATION – I apply for membership of Sedgefield CC on behalf of myself & any others included in this document. I confirm that all information provided is correct. I agree that all persons shall be bound by the Club's Constitution, and related policies such as codes of conduct and disciplinary rules & procedures, both internally and externally applicable.

SIGNED: DATE:

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