



# Muckamore Cricket & Lawn Tennis Club

## Senior Membership Application Form

www.mcltc.com

info@mcltc.com

### Members Details: Please complete all sections

Title:	First Name:	Last Name:
Address:		
Postcode:	Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
D.O.B:	Tel No:	Mobile:
Email:	Main Sport:	Cricket <input type="checkbox"/> Tennis <input type="checkbox"/>

### Membership Category: Please tick appropriate box

Family: (2 x Adult & 2 x Junior) £235	<input type="checkbox"/>	Ordinary Playing - Age 18-21: £50	<input type="checkbox"/>
Ordinary Playing - Full: £120	<input type="checkbox"/>	Ordinary Non-Playing: £35	<input type="checkbox"/>
Ordinary Playing – Midweek / Ladies £50	<input type="checkbox"/>	Associate Member: £20	<input type="checkbox"/>
Ordinary Playing – Full Time Student: £50	<input type="checkbox"/>	Senior Citizen: £10	<input type="checkbox"/>

**Other Members Details:** Please ensure that each member within the application has fully completed their own membership application form where applicable. For Junior members please ensure the Junior Membership Application form is used. All other membership forms relating to this application should also accompany this application form.

### Signatures: Please ensure you sign this form and have a current full member to propose and second the application.

Applicant:	Date:
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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:

### Payment Method: Please select the relevant method of payment.

Cash:  Cheque:

Please ensure all monies are accompanied with the membership form. Cheques should be made payable to: **Muckamore Cricket & Lawn Tennis Club.**

**MEMBERSHIP WILL NOT BE ACCEPTED WITHOUT A COMPLETED MEMBERSHIP FORM**



**MONITORING FORM:** This form is not compulsory but if completed will help the club with important information.

**National Identity**

What nationality would you consider yourself to be? (E.g. Northern Irish, British, Irish, Romanian, Polish etc)

**Ethnicity:** To which of these ethnic groups do you consider yourself to belong to.

White	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>
Irish Traveller	<input type="checkbox"/>	Black African	<input type="checkbox"/>
Indian	<input type="checkbox"/>	Black Other	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	Other (Please specify)	<input type="checkbox"/>

**Community Background:** Please indicate your community background.

I am a member of the Protestant community	<input type="checkbox"/>
I am a member of the Roman Catholic community	<input type="checkbox"/>
I am neither a member of the Protestant or Roman Catholic community	<input type="checkbox"/>

**Disability or Medical Condition:** Please give details of any disability of medical condition you may have.

Do you consider you (or child if appropriate) to have a disability of medical condition? Yes  No

If Yes, what is the natural of the disability?

Physical Disability	<input type="checkbox"/>	Blind or Partially Sighted	<input type="checkbox"/>
Deaf or Hard of Hearing	<input type="checkbox"/>	Learning Disability	<input type="checkbox"/>
Other (Please specify)			