



EMBA BADMINTON CLUB

Membership Application Form

Please complete the entire form as appropriate.

I wish to apply for my Membership of the above Club:

Membership No.:

/09

Surname: _____ Forename: _____

Postal Address _____

Post Code _____

Telephone No. _____ Mobile No. _____

Email: _____

Please tick if you want your email address to remain confidential

Residential Address: _____

Contact person in Case of Emergency

Surname: _____ Forename: _____

Telephone No: _____

Membership is renewable annually and runs from 1st November to 31st October. Final date for payment of membership subscriptions is the date of the Annual General Meeting (AGM).

Non-payment of subscription automatically cancels membership

Subscription is Euro 50 per person.

Disclaimer:

I am not aware of any health reasons which would preclude me from playing, and accept this is solely my responsibility.

Whilst every care will be taken, the Club, its officials and members cannot be held responsible for any injury or accident, whether caused by negligence or otherwise, which may occur, and play is undertaken entirely at my own risk.

I agree to be bound by the Club Constitution and Rules, as amended from time to time.

Signature: _____

Print Name: _____ Date: _____