

Membership Application Form

Sport/Organisation _____

Name of Club / Organisation _____

Contact Name _____

Contact No _____ (home) _____ (work) _____ (mobile)

Address _____

Post code _____

E-Mail _____

(As a member you are required to be affiliated to a NGB or Sporting Authority, recognised by Sport England)

Name of NGB or Sporting Authority _____

Contact Name _____

Contact No _____ **Fax No** _____

E-mail _____

Website

The information you have provided on this form will be held on the PSF database; the PSF website; the Sport Plymouth directory, and may be passed or accessed by members of the public to gain information about sport in or around Plymouth.

By signing this form you are consenting to PSF using the information, which you have supplied in the manner above.

I confirm that I agree to abide by the terms overleaf on behalf of my nominated sport:

Signed _____ **Print name** _____

Date _____

Approved on behalf of PSF by _____

Date _____