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| Please complete ONE form PER CLUB applying for membership for the 2022/23 season. |
| Complete in BLOCK CAPITALS and fill all required fields.  |
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| CLUB DETAILS |
| Name of Club: |  |
| Affiliation Number & County Affiliated To: |  |
| England Football Accredited (Highlight): | Yes, 1 Star | Yes, 2 Star | Yes, 3 Star | No |
| IF USED | Home Ground: | **LEAVE BLANK IF LEAGUE VENUE USED BY CLUB** |
| Ground Description/Address: | **LEAVE BLANK IF LEAGUE VENUE USED BY CLUB** |
| Please List Any Restrictions:(No Dogs, Etc) | **LEAVE BLANK IF LEAGUE VENUE USED BY CLUB** |
| Kick Off Times Available: | **LEAVE BLANK IF LEAGUE VENUE USED BY CLUB** |
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|  CLUB CHAIRMAN  |
| Chairman’s Name & FAN: |  |
| Chairman’s Address: |  |
|  | Post Code: |  |
| E-mail Address: |  |
| Mobile Number: |  |
| DBS Expiry Date: |  |
| Fa Safeguarding Workshop (Y/N) & Date: |  |
| Fa Approved First Aid Certificate (Y/N) & Date: |  |
| I Wish To Be Provided With A League ID Card (£5) To Be Pitch Side At Games: |  |
| I Wish To Be Included In All League Email’s Directed Towards My Club’s Teams: |  |
|  |
| CLUB SECRETARY |
| Secretary’s Name & FAN: |  |
| Secretary’s Address: |  |
|  | Post Code: |  |
| E-mail Address: |  |
| Mobile Number: |  |
| DBS Expiry Date: |  |
| Fa Safeguarding Workshop (Y/N) & Date: |  |
| Fa Approved First Aid Certificate (Y/N) & Date: |  |
| I Wish To Be Provided With A League ID Card (£5) To Be Pitch Side At Games: |  |
| I Wish To Be Included In All League Email’s Directed Towards My Club’s Teams: |  |
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| CLUB WELFARE OFFICER |
| CWO’s Name & FAN: |  |
| CWO’s Address: |  |
|  | Post Code: |  |
| E-mail Address: |  |
| Mobile Number: |  |
| DBS Expiry Date: |  |
| Fa Safeguarding Workshop (Y/N) & Date: |  |
| Fa Approved First Aid Certificate (Y/N) & Date: |  |
| I Wish To Be Provided With A League ID Card (£5) To Be Pitch Side At Games: |  |
| I Wish To Be Included In All League Email’s Directed Towards My Club’s Teams: |  |
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| CLUB DISCIPLINE OFFICIAL |
| CDO’s Name & FAN: |  |
| CDO’s Address: |  |
|  | Post Code: |  |
| E-mail Address: |  |
| Mobile Number: |  |
| DBS Expiry Date: |  |
| Fa Safeguarding Workshop (Y/N) & Date: |  |
| Fa Approved First Aid Certificate (Y/N) & Date: |  |
| I Wish To Be Provided With A League ID Card (£5) To Be Pitch Side At Games: | N/A |
| I Wish To Be Included In All League Email’s Directed Towards My Club’s Teams: | N/A |
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| CLUB PLAYER REGISTRATION OFFICER |
| PRO’s Name & FAN: |  |
| PRO’s Address: |  |
|  | Post Code: |  |
| E-mail Address: |  |
| Mobile Number: |  |
| DBS Expiry Date: |  |
| Fa Safeguarding Workshop (Y/N) & Date: |  |
| Fa Approved First Aid Certificate (Y/N) & Date: |  |
| I Wish To Be Provided With A League ID Card (£5) To Be Pitch Side At Games: | N/A |
| I Wish To Be Included In All League Email’s Directed Towards My Club’s Teams: | N/A |
|  |
| CLUB TREASURER |
| Treasurer’s Name & FAN: |  |
| Treasurer’s Address: |  |
|  | Post Code: |  |
| E-mail Address: |  |
| Mobile Number: |  |
| DBS Expiry Date: |  |
| Fa Safeguarding Workshop (Y/N) & Date: |  |
| Fa Approved First Aid Certificate (Y/N) & Date: |  |
| I Wish To Be Provided With A League ID Card (£5) To Be Pitch Side At Games: | N/A |
| I Wish To Be Included In All League Email’s Directed Towards My Club’s Teams: | N/A |
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| Payment Details |
| Bank Details Will Be Distributed With The Invoices For Registration |
| Please Confirm Whether You’ll Be Making Payments As A Club Or As Teams |  |
| If Club Payment Selected – Please Confirm How Many Instalments (1/2/3/4) |  |
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| Signed: …………………………………………….. | Signed: …………………………………………….. |
| Date: …………………………………………….. | Date: …………………………………………….. |

