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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. | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| 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** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| 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: | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | |
| 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: | | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | |
| 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 |
|  | | | | | | | | | | | | | | | | | |
| 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 | |
|  | | | | | | | | | | | | | | | | | |
| 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: …………………………………………….. |

