



P.O. 3403, MOKA, MARAVAL, TRINIDAD, WEST INDIES, PHONE: (868) 629-0066, 6188, FAX: (868) 629-2314

Membership Application Form

NB: Completed application forms must be accompanied by the applicable entrance fee for Adult Applicants and full payment for Junior Applicants.

NAME OF APPLICANT _____ DATE OF BIRTH ____/____/____

DD / MM / YY

LOCAL ADDRESS _____

PHONE (H) _____ PHONE (C) _____ PHONE (O) _____

E-MAIL ADDRESS _____

OCCUPATION _____ EMPLOYER _____

BUSINESS ADDRESS _____

PREVIOUS CLUBS (IF ANY) _____ HANDICAP _____

IN CASE OF EMERGENCY CONTACT _____ (PHONE _____)

DOCTOR'S NAME _____ (PHONE _____)

- APPLYING FOR: FULL PLAYING YOUNG EXE. 30-35 NON-NATIONAL
Please tick box(es) where applicable. PAY & PLAY SOCIAL INDIVIDUAL NATIONAL
 YOUNG ADULT 19-25 JUNIOR 7-18 MEN
 YOUNG EXE. 26-29 SOCIAL FAMILY LADIES

Copy of I.D. is required

NON-NATIONAL APPLICANTS	JUNIOR APPLICANTS*
NATIONALITY _____	PARENT/GUARDIAN _____ PHONE _____
HOME ADDRESS _____	PARENT/GUARDIAN _____ PHONE _____
_____	EXISTING MEDICAL CONDITION(S)? _____
_____	_____

SIGNATURE OF APPLICANT _____ DATE _____

I, THE UNDERSIGNED PROPOSER, BEING PERSONALLY ACQUAINTED WITH THE APPLICANT FOR _____ (MONTHS / YEARS) TAKE PLEASURE IN SPONSORING THIS APPLICATION. AS PROPOSER AND SECONDER OF THIS APPLICANT WE UNDERTAKE THE RESPONSIBILITY OF ENSURING THAT OUR CANDIDATE IS AQUAINTED WITH THE RULES OF THE CLUB. BE RESPONSIBLE FOR INTRODUCING THE NEW MEMBER TO VARYING OFFICIALS OF THE CLUB..... PRESIDENT, VICE PRESIDENT, CAPTAIN AND GENERALLY TO THE MEMBERSHIP AS MUCH AS POSSIBLE. WE ARE ALSO PREPARED TO COMMUNICATE WITH OUR CANDIDATE ON BEHALF OF THE CLUB, WITH RESPECT TO ANY INFRINDGEMENT OF THE CLUB RULES.

BIOGRAPHY OF APPLICANT BY PROPOSER:

PROPOSER (Please print) _____ SIGNATURE _____

SECONDER (Please print) _____ SIGNATURE _____

**APPLICATION FOR JUNIOR MEMBERSHIP MUST BE PROPOSED AND SECONDED BY MEMBERS OF THE MANAGEMENT COMMITTEE.*