

MEMBERSHIP APPLICATION FORM

NAME OF CLUB/ORGANISATION: _____

SPORT/ACTIVITY: _____

OFFICE BEARERS:

SECRETARY:
POST CODE:
TELE: (Day)
(Evening)

CHAIRMAN:
POST CODE:
TELE: (Day)
(Evening)

TREASURER:
POST CODE:
TELE: (Day)
(Evening)

NUMBER OF SENIOR CLUB MEMBERS _____

CLUB TRAINING SENIORS (DAY) _____

NUMBER OF JUNIOR CLUB MEMBERS _____

CLUB TRAINING JUNIORS (DAY) _____

CLUB COACHES

Name:	Name:	Name:	Name:	Name:
Address:	Address:	Address:	Address	Address:
Tele No:	Tele No:	Tele No:	Tele No:	Tele No:
Level of Qualification	Level of Qualification	Level of Qualification	Level of Qualification	Level of Qualification

If you have more than 5 coaches please attach details on separate sheet.

This information is required to assist the Sports Council with Summer/Easter Sports Schemes, Coaching Development Initiatives etc.

PREVIOUS FINANCIAL ASSISTANCE FROM ETRICK & LAUDERDALE SPORTS COUNCIL (PREVIOUS 2 YEARS ONLY)

SPORT AWARD SCHEME (INDIVIDUAL APPLICANTS)

Name:	Name:	Name:	Name:	Name:
Address:	Address:	Address:	Address:	Address:
Purpose of Grant	Purpose of Grant	Purpose of Grant	Purpose of Grant	Purpose of Grant

CAPITAL GRANT/REVENUE GRANT SCHEME

Name:	Name:
Address:	Address:
Purpose of Grant	Purpose of Grant

NATIONAL AND/OR REGIONAL ASSOCIATIONS TO WHICH AFFILIATED

Name:	Name:	Name:

The above organisation of which I am an Office Bearer, agrees to abide by the rules and Constitution of Ettrick & Lauderdale Sports Council and notes that the Annual Affiliation Fee is £15.00 which is enclosed herewith.

Signed

Date.....

Please note that all Membership Applications must be submitted before **20th July of that financial year** in order to be considered for Financial Assistance and Membership to the Sports Council.

The completed form and cheque/postal order made payable to Ettrick & Lauderdale Sports Council for £15.00 should be returned to:-
John McBay, Secretary, Ettrick & Lauderdale Sports Council, Sports Development Unit, 3 St John Street, Galashiels, TD1 3JX