

METROPOLITAN POLICE (HAYES) SPORTS CLUB LIMITED
("The Club")

Proposal for Honorary Membership and nomination of Honorary Life Members

Honorary membership category - please indicate relevant category (1 - 6) below

1. Employees of the Club
2. Serving members of the Metropolitan Police Authority (MPA)
3. Life members of the Metropolitan Police Athletic Association (MPAA)
4. The spouse or partner, and children under the age of 18 years, of a Full or Ordinary member other than when the spouse or partner is eligible to be a Full or Ordinary member
5. The spouse or partner, and children under the age of 18 years, of a deceased Full or Ordinary member
6. Nominated for honorary life membership offered by the Directors for services rendered

PART 1 to be completed by all applicants/nominees
application for category _____ (enter number from 1 - 6)

Full name _____ date of birth _____
(please print)

Home address _____ post code _____

Home telephone _____ mobile _____ e-mail _____

I give my consent to the Directors carrying out all necessary checks regarding my application/nomination for membership. I agree to abide by the rules of the Club. I understand that I require to give at least 28 days' notice in the event that I wish to resign from the Club. I understand that I have no voting rights. (Article 7)

Data protection: In order that the Club complies with Data Protection Act requirements, I will inform the Club Secretary of any change in my personal details as soon as practicable.

Signature _____ dated _____

Please indicate how you may use the Club: social, other functions, sport: give details _____

PART 2 : Line manager's declaration for categories 1 or 2

I hereby confirm that the above mentioned person is : ** an employee of the Club or ** serving member of the MPA, and is eligible for Honorary Membership of the Metropolitan Police (Hayes) Sports Club Ltd.

Declaration: I know the applicant personally and accept that I am responsible for the applicant's eligibility.

Name _____ position held within the ** Club/** MPA _____
(please print)

Work telephone _____ Mobile _____ work e-mail _____

Signed _____ dated _____

(**delete whichever is not applicable)

Part 3 : for applicants for category 3

I confirm the the applicant is an MPAA life member and I accept responsibility for their eligibilty.

Name _____ position held within the MPAA _____
(please print)

Work telephone _____ mobile _____ work e-mail _____

Signed _____ dated _____

Part 4 : for applicants for category 4 or 5 :

Name of spouse, partner or parent who is the Full or Ordinary member _____

(please print)

Warren membership number: _____ Warrant or pay number (category 5) _____

For office use only

Date received received by dates displayed on notice board:.....

Directors' meeting dateapproved / rejected (include nominations for category 6)

Warren membership number..... card sent date