METROPOLITAN POLICE HAYES SPORTS CLUB LIMITED ("THE CLUB")

Proposal for Associate Membership

Associate membership category – please indicate relevant category (1-5) below WARREN

Associate membership category – picase maiotas roles and season, (1997)

1.Children 18 and over of a Full or Ordinary Member or former Full or Ordinary Member 2...Serving or retired Officer of the Metropolitan Special Constabulary (MSC)

3. Mother or father of a Full or Ordinary Member or former Full or Ordinary Member 4. Serving or retired Officer of a United Kingdom Police Service, Constabulary or Force 5.A fit or proper person at the discretion of the Directors

Full Name	Date of Birth	Warrant No (Cat 3,4)	
(please print)			
Home Address		Post Code	
Home Telephone Number	Mobile		
E-Mail			
I enclose a Direct Debit Mandate for a	annual payment of subscriptions (see s	separate form) and a passport size photograph.	
(The Directors reserve the right to ch	ange the subscription amount as per	the Articles of Association)	
abide by the rules of the Club. I und resign from the Club. I understand the	erstand that I am required to give at I nat I have no voting rights (Article 7). lub can comply with Data Protection A	ling my application for membership. I agree to east 28 days' notice in the event that I wish to ct requirements I will inform the Club Secretary	
Signature	D	ated	
Please indicate how you may use Th	e Club: social, other functions, sport (give details)	
PART 2 Proposer and Seconder	(MUST be a Full or Ordinary Mer	nher)	
•	•	·	
Proposer: I hereby propose the abordors Club Limited	ove-mentioned person for Associate N	Membership of the Metropolitan Police Hayes	
Declaration : I have known the appl	icant personally for years (MU and accept that I am re	JST be a minimum of 2 years) in the capacity esponsible for their eligibility.	
Name	Warren Membersh	nip No / Warrant No	
(please print) Telephone No	Work E-Mail	E-Mail (other)	
		Dated	
_		for Associate Membership of the Metropolitan	
Police Hayes Sports Club Limited			
	plicant personally foryears (Mi and accept that I am	UST be a minimum of 2 years) in the capacity responsible for their eligibility.	
Name	Warren Members	Warren Membership No / Warrant No	
(please print) Telephone No	Work E-Mail	E-Mail (other)	
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PART 3: for applicants for catego Name of parent or child who is the Fo Warren Membership No / Warrant No	ull or Ordinary Member	(please print)	
For Office Use Only: Direct Debit Processing Date Directors' Meeting Date	Date Email added to Mailchin Approved / Rejected	mp	

Directors' Meeting Date