



Eton Fives Association

INDIVIDUAL MEMBERSHIP REGISTRATION FORM

FULL NAME

Date of Birth

CLUB

SCHOOL/COLLEGE

Date of leaving school

HOME ADDRESS

(Block capitals please)

..... Post code.....

Telephone No. (Home)

(Office)

(Mobile)

Email address

I hereby apply to become a Member of the Eton Fives Association, a company limited by guarantee, and undertake to contribute such amount as may be required not exceeding £1 to its assets in the event of its being wound up while I am a Member or within one year of my ceasing to be a Member.

I agree to become a Member subject to the Memorandum and Articles of the Company and agree to be bound by their terms. I authorise you to place my name on the Register of Members of the Company.

I consent to the EFA holding my membership record on computer

I consent to the EFA contacting me about Eton Fives news, updates and tournament information

I would like to pay my membership subscription monthly/annually (please delete as appropriate)

.....
Date

.....
Signature