



BELFAST HARLEQUINS

Incorporating Collegians and North of Ireland Cricket & Football Club

45a Deramore Park
Belfast BT9 5JX
T: 028 9066 3277
F: 028 9066 8241

Membership Application 2015- 2016

Personal Details (PLEASE COMPLETE IN BLACK INK AND CAPITALS)

Name (in full) Mr / Mrs / Miss / Ms etc. _____

Address: _____ Postcode: _____

Telephone: (H) _____ (W) _____ (M) _____

Email: _____ D.O.B. _____

School / College / University (If Applicable) _____

Membership Category - Playing (including section levies for both hockey sections):

Rugby	Adult	£175	<input type="checkbox"/>	Student and Under 18	£90	<input type="checkbox"/>
Ladies Hockey	Adult	£250	<input type="checkbox"/>	Student and Under 18	£135	<input type="checkbox"/>
Men's Hockey	Adult	£280	<input type="checkbox"/>	Student and Under 18	£180	<input type="checkbox"/>
Squash	Adult	£175	<input type="checkbox"/>	Student and Under 18	£90	<input type="checkbox"/>

Membership Category – Non-Playing:

Life	£2000	<input type="checkbox"/>	Senior	£100	<input type="checkbox"/>	Partner	£70	<input type="checkbox"/>
Ordinary	£175	<input type="checkbox"/>	Country	£100	<input type="checkbox"/>	Associate	£35	<input type="checkbox"/>
Student/U18	£100	<input type="checkbox"/>	House	£100	<input type="checkbox"/>	St Brigid's	£35	<input type="checkbox"/>

Payment (If you pay in full by 31 August 2015, you may deduct 10%)

I enclose the amount of £..... using the following method

Cash Cheque (payable to Belfast Harlequins) Direct Debit (available at Reception)

Credit Card/Switch Start Date (if Switch) Security No.

Card Number Expiry Date Issue No (If Switch)

Declaration, for new applicants for Membership

I wish to become a member of Belfast Harlequins as indicated and undertake to abide by the rules of the club.

Signature: _____ Date: _____

Proposed By: _____ Seconded by: _____

Parental Consent (For anyone Under 18)

I give permission for my child to take part in the Belfast Harlequins Club. I know no reason, medical or otherwise why my child should not participate in the training and activities involved in the Club. I also understand that the coaches and staff will take every precaution to ensure that accidents do not occur and hence cannot be held responsible for any loss, damage or injury suffered.

I am willing to allow my child to participate in any official media coverage required and the Club's website. I give permission for them to travel to and from games with the team on match days and take part in associated events.

Signed Parent / Guardian

(For Anyone Under 18) _____ Date: _____

Completed Membership Forms and Payment, should be returned to:

Romaine Paulin, Belfast Harlequins Club, 45a Deramore Park, Belfast. BT9 5JX

Notes:

1. Unemployed applicants may use the student category.
2. House, Partner, Associate and St Brigid's categories are non-voting categories.
3. Senior membership is open to those of 65 years and over.
4. Country membership is open to persons living more than 50 miles from Deramore Park.
5. U18 members should also fill in an Emergency Contact Form.