

HUNSTANTON CROQUET CLUB - Application for Membership

Once completed, this form should be signed by you and returned with your cheque, made payable to “**Hunstanton Croquet Club**”, to:

David Boxell, Treasurer, Hunstanton Croquet Club
c/o 1 Styleman Road, Hunstanton, Norfolk PE36 5PW



Please circle the appropriate Membership Type. The rates applicable for the 2021 Season are:

Code	Description – Club Membership Types ¹	Amount
FULL	Full Member	£80.00
CTRY	Country Member (>=25 Miles)	£50.00
JNRM	Junior Member ³	£15.00
SNPM	Social Non-playing Member	£15.00

If you are already a member of the Croquet Association (CA) and of another club, which club is your Primary Club² and pays your registration fee?

Personal Details - (Please circle 'Yes' / 'No' options carefully.)

Title ⁵ :	Forename ⁶ :	Initials ⁷ :	Surname ⁸ :	Hons ⁹ :
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Address¹⁰⁻¹³:

County ¹⁴ :	Post code ¹⁵ :	Country ¹⁶ :
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Telephone Work ¹⁸ :	Email ¹⁷ :
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Telephone Home ¹⁹ :	Skype address ²¹ :
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Telephone Mobile ²⁰ :	Date of birth ^{3 & 4} : (If under 16)
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AC Handicap ²² :	GC Handicap ²³ :	SC Handicap ²⁴ :	Do you have CVD (Colour Vision Deficiency)? ²⁵	Yes / No
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Unless you are already a member of the CA, by joining HCC you will become a **Standard member of the CA** and the above details will be made available to fellow members of HCC and officials of the CA. Such information will be stored securely by HCC and the CA. This helps in arranging games and matches.

In addition, and with your agreement, your contact details will be included in the CA's online directory of members. This will only be available to fellow members of the CA and we recommend that you consent to it. **I wish my details in the online CA Directory to be visible to:**

Members of this and any other croquet club of which I am a member²⁷:	Yes / No
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All members of the CA²⁶:	Yes / No
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I accept and agree to be bound by the Constitution and Bye-laws of the Hunstanton Croquet Club from time to time in force.

Receipts will not be issued unless a stamped self-addressed envelope is provided.

My preferred means of receiving information to the above address is by:	e-mail / post
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Signed by Prospective Member:	Date:
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Membership Reported at Committee Meeting:	Date:
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** Please return your completed form to The Treasurer – Thank you **