**STANFORD-LE-HOPE C.C. - SENIOR MEMBERSHIP APPLICATION FORM**

This form is designed to be completed by any person over the age of 18 who wishes to apply for a Full or Social Membership to Stanford-le-Hope C.C. (SLHCC).

As the person completing or receiving this form, you should be aware of what will happen to this information and to whom it may be disclosed. Details are set out in the Privacy Notice accompanying this form.

The Club uses the ECB’s Play-Cricket system to store data. Data from this form may, therefore, be entered onto that system.

Once completed, the form should be returned to **John Hicks, Honorary Treasurer**.

|  |  |
| --- | --- |
| **SECTION 1 (MANDATORY): PERSONAL DETAILS** | |
| Name |  |
| Home address |  |
| Postcode |  |
| Date of Birth (DD/MM/YYYY) |  |
| Gender |  |
| Email address |  |
| Home telephone number |  |
| Mobile telephone number |  |
| Are you interested in playing League Cricket? | YES/NO *Delete as applicable*  If you answer ‘yes’, should you be selected by SLHCC to play in a League requiring player registration, relevant information from this Section 1 (including month and year of birth) will be provided to that League to enable them to check your eligibility to play in that League. |
| If you become an official of the Club, the Club may provide the information in this Section 1 to County Boards or Leagues that the Club is a member of or affiliated to; to enable them to contact you about cricket matters. | |
| If you are a player and attend a County Board or League run event (such as trials, nets, or representative fixtures), the Club may provide your name and contact details to the relevant League/County Board to enable them to notify you of arrangements. | |

|  |  |
| --- | --- |
| **SECTION 2 (MANDATORY): PREVIOUS CRICKET CLUB** | |
| Have you ever played for another cricket club? | YES/NO *Delete as applicable* |
| If YES, name of previous cricket club |  |
| Do you have any financial obligation to your previous cricket club outstanding? | YES/NO *Delete as applicable* |
| If YES, please give brief details |  |
| Do you require a Player Transfer Form to be completed? | YES/NO *Delete as applicable* |

|  |
| --- |
| **SECTION 3: PRIVACY STATEMENT** |
| **Stanford-le-Hope C.C.** take the protection of the data that we hold about you as a member seriously and will ensure that the data you provide is processed in accordance with data protection legislation.  Please read the full privacy notice below carefully to see how the Club will treat the personal information that you provide to us. |

|  |
| --- |
| **MEMBER AGREEMENT** |
| By returning this completed form, I confirm that I have read and understood the permission statements on this membership form and the privacy notice enclosed.  Signature:  Date: |

Once completed, the form should be returned by email [**john.w.hicks@btinternet.com**](mailto:john.w.hicks@btinternet.com) to **John Hicks, Honorary Treasurer**.