

MEMBERSHIP APPLICATION FORM

Associate members



Please use BLOCK CAPITALS:

First name:		Surname:	
Company:			
Trading as: <i>(If applicable, please state trading name)</i>			
Company no: <i>(if applicable)</i>		ICO reg. no:	
Address <i>(including post code):</i>			
Registered office <i>(if different to above):</i>			
Landline:		Mobile:	
e-mail address:			
Website address:			
Goods / services provided <i>(relating to the business or game of bingo):</i>			
I / We: <i>(Please state individual/s' name)</i>			
Of: <i>(If applicable, please state Registered Company Name)</i>			
<p>Being the proprietor(s) / director(s) of the under-mentioned club(s), I / we hereby apply for full membership of The Bingo Association Limited in respect of each such establishment(s). If elected I / we agree to be bound by the Association's Code of Conduct, its Articles of Association and any bye laws of the Association, as amended from time to time.</p> <p><i>We will use your data, as filled out in this form, for processing your membership application, and if accepted into membership, managing your membership. We will not share any of the information you provide with any third parties for marketing purposes. We will retain the information for the entirety of your membership.</i></p>			
Signature:		Date:	