

# MEMBERSHIP APPLICATION FORM

## High Street Bingo



Please use BLOCK CAPITALS:

<b>First name:</b>		<b>Surname:</b>	
<b>Company:</b>			
<b>Trading as:</b> <i>(If applicable, please state trading name)</i>			
<b>Company no:</b> <i>(if applicable)</i>		<b>ICO reg. no:</b>	
<b>Operating licence no:</b>		<b>Premises licence no:</b>	
<b>Address</b> <i>(including post code):</i>			
<b>Registered office</b> <i>(if different to above):</i>			
<b>Landline:</b>		<b>Mobile:</b>	
<b>e-mail address:</b>			
<b>Website address:</b>			
<b>I / We:</b> <i>(Please state individual/s' name)</i>			
<b>Of:</b> <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 share this information with external companies that are essential for us, and you, to stay compliant (eg self-exclusion, age verification etc). 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>			
<b>Signature:</b>		<b>Date:</b>	
<p>Membership fees for bingo extra premises are based on the total number of licensed premises each member operates. Please contact us for further information about membership fees and approval formalities.</p>			

## Premises details

Please complete in BLOCK CAPITALS

<b>Name of premises:</b>	
<b>Address</b> <i>(including post code):</i>	
<b>Telephone number:</b>	<b>Capacity:</b>
<b>e-mail address:</b>	

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*(If you are applying for more than 4 sites please copy this page as often as needed)*