



THAMES M.C.C.
AFFILIATED TO THE ACU SOUTH EASTERN
A MEMBER OF THE STAR GROUP
2020 MEMBERSHIP APPLICATION FORM



MEMBERSHIP RENEWAL – FIRST NAME, SURNAME, SIGN, DATE AND INDICATE MEMBERSHIP TYPE ONLY IF YOUR DETAILS HAVE REMAINED THE SAME AS THOSE PROVIDED IN 2019. MAKE ANY AMENDMENTS AS NECESSARY IN THE RELEVANT SECTION.

ALTERNATIVELY, YOU CAN RENEW ON LINE VIA THE ACU WEBSITE – NO FORM & NO UNIQUE NUMBER REQUIRED; SAME COST, LESS HASSLE. JUST LOG-ON WITH YOUR ACU DETAILS AND YOU CAN RENEW YOUR MEMBERSHIP & ACU LICENCE AT THE SAME TIME.

NEW MEMBERS - PLEASE COMPLETE ALL SECTIONS **CLEARLY** IN BLOCK CAPITALS.

YOUR DETAILS WILL BE KEPT ON OUR SECURE COMPUTER

WHEN YOU BECOME A MEMBER OR RENEW YOUR MEMBERSHIP YOU WILL AUTOMATICALLY BE REGISTERED AS AN AFFILIATED MEMBER OF THE ACU. WE WILL PROVIDE THE ACU WITH YOUR PERSONAL DATA WHICH THEY WILL USE TO ENABLE ACCESS TO AN ONLINE PORTAL FOR YOU. WE WILL NOT SHARE YOUR DETAILS WITH ANY THIRD PARTY. NEWS BULLETINS WILL BE E-MAILED, PLEASE ADVISE THE SECRETARY IF YOU WISH THIS TO CEASE. MEMBERSHIP MUST BE RENEWED BY FEB 28TH 2020 FOR JAN & FEB POINTS TO COUNT IN 2020 CHAMPIONSHIP. MEMBERS ARE EXPECTED TO HELP WITH OUR OPEN EVENTS BY OBSERVING -£15 WILL BE PAID. PLEASE NOTIFY STEVE BROWN IF ANY OF YOUR DETAILS CHANGE DURING THE YEAR.

A.C.U. AFFILIATION No. _____ YOUR UNIQUE No. _____

FIRST NAME _____ SURNAME _____

HOUSE / No. / ROAD ..
TOWN _____ COUNTY _____ P/CODE _____

PHONE HOME _____ MOBILE _____

Email (BLOCK CAPITALS) _____

DATE OF BIRTH (for insurance etc) _____

IF YOU HAVE A OFFICIALS LICENCE PLEASE TICK APPROPRIATE BOX. LIC No. _____ EXPIRES. _____			
CLERK OF COURSE <input type="checkbox"/>	STEWARD <input type="checkbox"/>	SCRUTINEER <input type="checkbox"/>	NOISE TEST <input type="checkbox"/>

TYPES OF MEMBERSHIP REQUIRED (PLEASE TICK) YEAR IS 1st JAN TO 31st DECEMBER.

ADULT (INC. STAR GROUP ELIGIBILITY) (from :1st Aug = £5. 1st Oct = £3) £10.00 (___)

YOUTH MEMBER UP TO 16 YEARS OLD (INC. STAR GROUP ELIGIBILITY) £5.00 (___)

FAMILY MEMBERSHIP (1 ADULT WITH YOUTH AGE CHILDREN) £10.00 (___)

ABOVE MEMBERSHIP INCLUDES AFFILIATION TO THE SOUTH HARROW & D M.C.C. FOR SOUTH MIDLAND EVENTS.

TODAYS DATE _____ SIGNATURE _____ TOTAL TO PAY = £ _____

PLEASE MAKE CHEQUES PAYABLE TO **THAMES M.C.C.** AND SEND TO :
 STEVE BROWN, 35 LOVEL ROAD, CHALFONT ST PETER, BUCKS, SL9 9NP. ☎01753 887353

BELOW IS FOR OFFICIAL USE ONLY

IF COMPLETED AND PAID FOR AT AN EVENT THEN EVENT SEC / ORGANISER TO COMPLETE THIS BOX	
DATE _____	OFFICIALS NAME _____

SUPPLIED M/SHIP CARD	SUPPLIED THANKS OFFICIALS LIST	SUPPLIED DATES LIST	SUPPLIED ACU AFFILIATION FORM	OTHER	DATE ENTERED ON COMPUTER	ID NUMBER