



Caithness Sports Council



MEMBERSHIP APPLICATION

| Section 1 | | Membership Category (Please tick) |
|---|------------------------|---|
| | Annual Club Membership | £20 Per Annum |
| | Associate Membership | £20 Per Annum (Not able to apply for grants) |
| | Individual Membership | £20 Per Annum (Only available under special circumstances) |
| Membership entitles your Club to be formally represented at the Council's A.G.M. | | |

| Section 2 | | Contact Details (To be completed for ALL applications. The contact named below must be able to answer all the questions relating to this application) | |
|-------------------|--|---|--|
| Club Name | | | |
| Club Website | | | |
| Contact's Name | | | |
| Contact's Address | | | |
| | | | |
| | | Postcode | |
| Telephone Number | | Work / Home / Mobile | |
| E-mail Address | | | |

| Section 3 | | Further Club Information |
|--|----------|--------------------------|
| Does the Club have a Child Protection / Vulnerable Adult Policy | Yes / No | |
| Is your club a member of another Sports Council? If so please detail | Yes / No | |

| Section 4 | Club Membership |
|--|------------------------|
| Venue for Club Activities | |
| Day(s) & Time(s) of Club Activities | |
| Number of Adult Members | |
| Number of Junior Members | |
| Number of Disabled Members | |
| Number of Coaches | |
| Membership Restrictions (e.g. Age, Gender, etc.) | |

| Section 5 | Declaration |
|--|--------------------|
| To the best of my knowledge and belief the information given in this application is correct. | |
| Signed | |
| Official Capacity | |
| Name | |
| Date | |

Please send all completed applications to:-

**Caithness Sports Council
c/o 7 East Church Street,
Thurso, Caithness KW14 7HL**

Or e-mail to info@sportscaithness.org.uk