



Including the Valley Social Club Ltd and Centre

APPLICATION FOR ADULT/JUNIOR MEMBERSHIP

PLEASE READ THIS FORM CAREFULLY AND FILL IN USING BLOCKSCAPITALS ONLY IF YOU AGREE TO THE CONDITION OF MEMBERSHIP (ITEMS MARKED * MUST BE COMPLETED)

FULL NAME*: _____

ADDRESS*: _____

POSTCODE*: _____ **TELEPHONE NUMBER:** _____

DATE OF BIRTH*: _____ **EMAIL:** _____

I (as named above) wish to apply for Membership of the Whitehawk and Manor Farm Community Association. I understand that this Membership consists of; the Valley Social Centre and Valley Social Club Ltd.

If I am elected to Membership I agree to uphold the principles of the Community Association, and to conduct myself in a fit and proper manner when attending the Centre and agree to be bound by the current Community Association constitution (Rules).

I further agree to abide by the current Rules of the Valley Social Club Ltd ® should I attend their licensed premises.

Please Tick the Following Appropriate Box:

- This is a First Time Application** - £4.00 [] Date Agreed_____
- I wish to apply for re-membership - £3.00 [] Date Agreed_____
- I wish to apply for Junior Membership - £1.00 [] Date Agreed_____
- OAP re-applying for Membership - £0.00 [] Date Agreed_____

SIGN: _____

DATE: _____

The Whitehawk and Manor Farm Community Association (WMF CA) are committed to equal opportunities. Please help us by filling in the information overleaf. The following information is for monitoring use only and where shared with our funders or other partners, member’s identity will NOT be disclosed to any other party.



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Employment Status: (please tick one)

- Self Employed
- Unemployed
- Unemployed due to disability
- Employed
- Student
- Full Time Carer
- Full Time Parent
- Retired
- Prefer not to say

Would you describe yourself as having a Disability?

- Yes No Prefer not to say

When answering this question please note that under the Disability Discrimination Act (DDA) 1995 you are considered to be disabled if you have "a physical or mental impairment, which has a substantial and long term adverse effect upon your ability to carry out normal day to day activities".

Which of the following best describes you? (Please tick one)

- Gay male
- Lesbian
- Bisexual
- Heterosexual
- Transgender
- Prefer not to say

Please tick one box from the list below which best describes your ethnic group

<p>Asian or Asian British</p> <ul style="list-style-type: none"> <input type="checkbox"/> Asian British <input type="checkbox"/> Asian – Indian <input type="checkbox"/> Asian – Pakistani <input type="checkbox"/> Asian – Bangladeshi <input type="checkbox"/> Other: <p>Please Specify.....</p>	<p>Black or Black British</p> <ul style="list-style-type: none"> <input type="checkbox"/> Black British <input type="checkbox"/> Black Caribbean <input type="checkbox"/> Black African <input type="checkbox"/> Other: <p>Please Specify.....</p>	<p>Chinese or Other South East Asian</p> <ul style="list-style-type: none"> <input type="checkbox"/> Chinese <input type="checkbox"/> Other <p>Please Specify.....</p>
<p>Dual Ethnicity</p> <ul style="list-style-type: none"> <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Other: <p>Please Specify.....</p>	<p>White</p> <ul style="list-style-type: none"> <input type="checkbox"/> White British <input type="checkbox"/> White Irish <input type="checkbox"/> Other <p>Please Specify.....</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Other <p>Please Specify.....</p> <ul style="list-style-type: none"> <input type="checkbox"/> Prefer not to say



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**** NOTE,**

All first time application for Membership will be subject to approval by the appropriate Committees and on the grant of Membership, New Members will have to purchase a £1.00 share in the Valley Social Club Ltd before they can be taken on as a new member.

In the first year of Membership you are not allowed to sign in guests

OFFICIAL USE ONLY: MEMBERSHIP NUMBER: _____

NOTES ON MEMBERSHIP APPLICATION: _____

APPLICATION HEARD ON: ___/___/___ ACCEPTED [] REJECTED []