



EALABA MEMBERSHIP – 2019

Full Name:
(capitals)

Address:
(capitals)

.....

Post Code: Telephone No:

Email:

Disability: D.O.B:/...../.....

My association with EALABA will be as a:-

Competitor/Coach/ Supporter/Other(please circle)

Type of Membership applied for:-

		£	p
Ordinary Membership	(with voting rights)	15	00
Family Membership	(with voting rights for 1 only)	20	00
Associate Membership	(no voting rights)	10	00

Membership is due for renewal on the 1st of January of each year
Any membership not paid before the 1st March of each year will invalidate that membership

New members joining during the year will pay £1.00 less for each month missed of that year.

Please find enclosed my cheque of £ to cover my membership.
(Cheques should be made payable to:- EALABA)

Signed: Date:/...../.....

Please forward to: Malcolm Otton, 5 Brese Avenue, Woodloes Park, Warwick,
Warwickshire. CV34 5TS

Chairman:- Gary Swift, Secretary:- Ros Otton, Treasurer:- Bob Love, Coach:- Ray Smith