

EASB
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The English Association
of Snooker and Billiards

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Registered in England
Company N° 4411822

LEAGUE/ASSOCIATION MEMBERSHIP APPLICATION 2011-12

In order to qualify for affiliate membership under this category the applicant must meet the following criteria:

LEAGUES (Including County Associations):

- Must be an association of members, being either individuals or clubs.
- Operate to a written Constitution
- Have officials elected by the membership
- Have been established for more than 12 months at the time of application.
- Operate wholly within the geographic boundaries of England.

EASB reserve the right to allow or to refuse membership in either category whether or not the above criteria is fully met. Applicants who do not fully meet the criteria should check their position with the Association.

The application is for a LEAGUE (£25) ASSOCIATION (£25) (Please tick as appropriate)

Membership runs from 1st July 2011 – 30th June 2012

LEAGUE/ASSOC NAME: _____

CONTACT NAME: _____

CONTACT ADDRESS: _____

_____ POSTCODE: _____

TELEPHONE(S): _____

IMPORTANT: The League/Association will be the sole point of contact for all information, including competition draws, and will be responsible for communicating this information to the relevant players. You must advise us promptly of any changes to the contact details. To avoid postal delay, this information will be sent by email as a preference. If you have an email address you would like to use, please enter below, preferably using UPPER CASE lettering for clarity.

EMAIL ADDRESS: _____

DECLARATION: I/We confirm that we meet the criteria for membership and agree to abide by the terms and conditions of membership also accepting responsibility for the conduct of any individuals entered into EASB competitions through this membership.

SIGNED: _____ POSITION: _____ DATE: _____

This form must be signed by an Officer of the League or Association.

PAYMENT BY CHEQUE OR POSTAL ORDER

I enclose a Cheque/Postal Order to the value of £ 25.00 (Make payable to "EASB")

PAYMENT BY CREDIT/DEBIT CARD

We accept the following cards:



Please charge my credit/debit card with the sum of £ 25.00 Cardholder signature: _____

Card No: _____ Card Type: _____

Expiry Date: _____ Valid from: _____ Security No: _____ Issue No (Switch) _____

Name on card: _____ and, if different to address above,

Cardholder Postcode: _____ Card address (first line): _____