



APPLICATION FOR CLUB AFFILIATION OF THE EBU

We _____ apply for Affiliation to the English Bridge Union with effect from 1 April 2017. We have read and accept the attached Terms of Affiliation.

Signed: _____

Date: _____

Office held: _____

Name: _____

Address: _____

If you have any queries please ring 01296 317201.

Please complete the details below and return to the Karen Durrell by email karend@ebu.co.uk or by post to:

The English Bridge Union
Membership Applications
Broadfields
Bicester Road
Aylesbury
HP19 8AZ

E-mail address to which club information should be sent

Actual/best estimate of number of **club** members _____

Actual/best estimate of **tables** in play **annually** _____

How many times does your club meet per week? _____

We wish to be invoiced (delete as appropriate) a) Monthly b) Every 2 months

We wish to pay our Pay-to-Play amounts (delete as appropriate)

i) By direct debit ii) By cheque, credit/debit card or direct transfer

If you have chosen method i), please complete the enclosed Direct Debit mandate and include the completed mandate with this application.

County of affiliation:

Please tell us why you are affiliating: