

THE SUSSEX COUNTY ASSOCIATION OF CHANGE RINGERS

Registered Charity No. 268588



MEMBERSHIP APPLICATION FORM

If you have email/internet access, you must join online here: www.membermojo.co.uk/sussexbellringers
This form should only be used for those without email/internet access. This is to reduce the administrative burden on our volunteer officers.

Personal Details

Please complete all parts of this section. Please **PRINT CLEARLY!**

Title	
First name	
Surname	
Year of birth (<i>for insurance purposes</i>)	
Address	
Postcode	
Home telephone	
Mobile number	
Offline application	<input type="checkbox"/> I confirm I do not have email and cannot apply online

New Member Proposer & Seconder

This section **must** be completed for **all** new applicants. New Member applications must be Proposed AND Seconded by current adult ringing members of the Association.

Proposed by (please print name)	
Signature of Proposer	
Seconded by (please print name)	
Signature of Seconder	

Membership Category

Please select the membership type you are applying for:

- Adult ringing member (resident and/or regularly ringing in Sussex)
- Junior (under 18 on 1st January)
- Adult non-ringing member (associate)
- Adult non-resident member (not resident or ringing regularly in Sussex) (ONLY for Peal ringing)

Home Tower

This section **must** be completed for **all** new applicants.

Name & Dedication of Home Tower	
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Annual Report - OPTIONAL

All members have access to the Annual Report online. One printed copy is provided to each Tower.

- Tick this box if you require a personal PRINTED copy of the Annual Report & Handbook. Printed copies of the report will be delivered via your selected home tower.

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Parent or Guardian Details

This section **must** be completed for all new applicants who are under 18 years old.
By signing this form, the parent/guardian gives consent for their child to join SCACR.

Name of Parent or Guardian

Phone number (mobile preferred)

Signature

Dated (dd/mm/yy)

DBS (Disclosure & Barring Service) - OPTIONAL

Do you hold an Enhanced DBS certificate?
*this is not the same as safeguarding training
"Basic Awareness (formerly CO)"*

Yes, from any parish in the Diocese of Chichester

Yes, from another organisation

No Enhanced DBS Certificate held

DBS issue date

issued on/...../..... (dd/mm/yy)

DBS cert. subscribed to update service?

Yes

No

Declaration and Signature

This section **must** be completed for **all** new applicants.

I apply for membership (or renewal of membership) of the Sussex County Association of Change Ringers. I confirm I have read the Rules of the Association and am eligible for the membership option I have applied for.

Membership is subject to completion of this form and payment of your subscription. The Association reserves the right to refuse an application or request further information in support of it. The full annual subscription fee is due at the time of application. Subscription for any member joining on or after 1st October shall run to 31st December of the following year.

Signed:

Date: (dd/mm/yy):

Payment

Payment is accepted by cheque or bank transfer.

Due to bank closures and bank charges for cheques, we would really appreciate it if you could only pay by cheque if you have no other way to pay.

The person making the payment by cheque or bank transfer **MUST** send a list of the individual names paid so that we can assign the payment to the correct individuals.

I will pay by bank transfer to "Sussex County Association of Change Ringers", Sort code: 40-52-40, Account: 00002642. Important - the payment reference **must** include "SUBS" and the TOWER name (e.g. "SUBS Anytown") or the individual MEMBER name (e.g. "SUBS Leslie Smith")

I will pay by cheque payable to "Sussex County Association of Change Ringers". You **must** write your name and the tower name on the back of the cheque.

Post the completed form to the Association!

Post the completed form, cheque (if applicable) and a covering note to:

Mrs S Gadd, 1 Southdown Terrace, Steyning, BN44 3YJ.