

Date Requested:

Play Resource Centre

Membership No.

*** 2010***

Application to Change or Add Cardholders

Name of Group: _____

Telephone Number: _____

Requested By: _____

THIS FORM MUST BE RETURNED ON/ BEFORE YOUR NEXT VISIT

Current list of Cardholders

NAME
1.
2.
3.
4.

*Please name below the names you wish to be listed on your membership. Please note you cannot exceed four cardholders per group. **All changes or additions must be accompanied by a payment of £2.50 per card.***

New list of Cardholders

NAME
1.
2.
3.
4.

Amount enclosed £ _____

PLEASE NOTE THAT THE FOUR CARDHOLDERS ARE THE ONLY PEOPLE ALLOWED TO USE THE CENTRE.

ANYONE FOUND USING THEIR MEMBERSHIP CARD ON BEHALF OF ANOTHER ORGANISATION/ INDIVIDUAL WILL HAVE THEIR OWN MEMBERSHIP WITHDRAWN.

TO BE COMPLETED BY HEAD OF ORGANISATION

I agree on behalf of the organisation named above, to be bound by the terms and conditions of membership and that the information on this form is correct. I also confirm that the above named are employees (paid or voluntary) and are authorised to collect on our behalf.

Signature _____ Position _____ Date _____

Please note: It is a condition of membership that your group does not collect on behalf of a non-member group.

Send to: Nicola Hobson, Play Resource, North City Business Centre,
2 Duncairn Gdns, Belfast, BT15 2GG. Tel: 028 90 357540 Fax: 028 90 755596