

Date Requested:

Play Resource Centre

Membership No.

*** 2010 ***

Schools Application to Change or Add

Name of School: _____

Telephone Number: _____

Requested By: _____

THIS FORM MUST BE RETURNED ON/ BEFORE YOUR NEXT VISIT

Current list of Cardholders

NAME
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

Please name below the names you wish to be listed on your membership. Please note you cannot exceed ten 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.
5.
6.
7.
8.
9.
10.

PLEASE NOTE THAT THE ABOVE 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 ANYONE FOUND USING THEIR MEMBERSHIP CARD ON BEHALF OF ANOTHER ORGANISATION/ INDIVIDUAL WILL HAVE THEIR OWN MEMBERSHIP WITHDRAWN.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 send to: N Hobson, Play Resource, North City Business Centre, 2 Duncairn Gardens, Belfast, BT15 2GG.