**MEMBERSHIP PERIOD: 1 SEPTEMBER 2024 TO 31 AUGUST 2025 (inclusive)**

*All fields must be completed*

|  |  |
| --- | --- |
| Title: |  |
| Name: |  |
| Address:  |  |
| Email: |  |
| Mobile and/or landline:  |  |
| YEAR of Birth: | YYYY *(we don’t need full date of birth, year only)* |
| **If born in 2003, is your birthday after 31 JUNE 2003?** **(If yes, you are eligible for the Junior membership)** |  YES / NO (delete as appropriate) |

*If you are a 2024/2025 season member of other curling clubs please state your:*

|  |  |
| --- | --- |
| Scottish Curling ‘Mother Club’ |  |
| Any other curling clubs |  |

|  |
| --- |
| Applying for (*delete as appropriate)*ADULT MEMBERSHIP (£30) JUNIOR MEMBERSHIP (£5) |
| **Please complete a bank transfer of the appropriate amount to:****Account Name: Edinburgh Curling Club Limited****Sort Code: 83 18 46****Account Number: 00149356** |

By returning this form you signal that you have read & agree to the ECC/MCL Privacy Policy (available online or as a hard copy from the Office).