



APPLICATION FOR AFFILIATION

Full Name of Club:	
County located:	
Alternative name:	
Proposed Meeting Venue:	
Day and time of Meeting:	
Month of AGM:	
Frequency of Meetings:	
Feeder Round Table:	
Ladies Circle:	
Tangent:	

Number of Members:	
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CLUB CONTACT

First Name:	
Surname:	
Address Line 1:	
Address Line 2:	
Town/City:	
County:	
Post Code:	
Country:	
Home Telephone:	
Work Telephone:	
Mobile Telephone:	
Fax Number:	
E-Mail address:	

Note: Communications will be with the Club Contact and Chairman and are usually by e-mail. It is advisable to have a Club Contact who has regular use of e-mail. Please tick below if you can only be communicated to by post.

POST:	
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DECLARATION

The above club wishes to affiliate to The Association of Ex-Tablers' Clubs and undertakes to conform to the Association Rules

Signed: _____ CHAIRMAN

Print Name: _____

Signed: _____ SECRETARY

Print Name: _____

Date: _____

Please forward this Application to:

Mrs Susan Barnicoat
41 Club Administrator
Marchesi House
4 Embassy Drive
Edgbaston
Birmingham
B15 1TP

Please enclose a cheque – made payable to “The Association of Ex- Round Tablers' Clubs” for the number of Members x the current Capitation Fee.

The Capitation Fee for 2009 is £9.00 per member.
The Capitation Fee for 2010 will be £10.00 per member.

WHAT HAPPENS NEXT?

Your Club details will be entered on our Club Administration System on receipt and your cheque banked.

Your application will be copied to the National Membership & Extension Officer who will formally propose you for affiliation at the next available National Council Meeting. It will also be copied to the relevant National Councillor for your Region.

Your Affiliation will only be complete once the National Council have approved it.

Once your details are processed the National Membership & Extension Officer will contact you to discuss the procedures for Chartering, obtaining jewels and other important matters. The National President usually presents the Charter to the new Club at an appropriate event, however, sometimes if he is unavailable this is delegated to another member of the National Executive.

The 'Links' magazine is posted to members homes. Once affiliated your Club Contact will have internet access to the Club Administration System and will be able to add members details to enable delivery of the magazine. It is the responsibility of the Club Contact to maintain the records of the Club on The Club Administration System whenever they change. The system automatically updates the club details on the Website and in the Directory.

OTHER INFORMATION REQUIRED

CHAIRMAN'S DETAILS

First Name:	
Surname:	
Address Line 1:	
Address Line 2:	
Town/City:	
County:	
Post Code:	
Country:	
Home Telephone:	
Work Telephone:	
Mobile Telephone:	
Fax Number:	
E-Mail address:	

Note: Communications will be with the Club Contact and Chairman and are usually by e-mail. Please tick below if you can only be communicated to by post.

POST:	<input type="checkbox"/>
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VICE CHAIRMAN' S DETAILS

First Name:	
Surname:	
Address Line 1:	
Address Line 2:	
Town/City:	
County:	
Post Code:	
Country:	
Home Telephone:	
Work Telephone:	
Mobile Telephone:	
Fax Number:	
E-Mail address:	

Note: Communications will be with the Club Contact and Chairman and are usually by e-mail. As communication will be with yourself when you are Chairman. Please tick below if you can only be communicated to by post.

POST:	<input type="checkbox"/>
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SECRETARY'S DETAILS

First Name:	
Surname:	
Address Line 1:	
Address Line 2:	
Town/City:	
County:	
Post Code:	
Country:	
Home Telephone:	
Work Telephone:	
Mobile Telephone:	
Fax Number:	
E-Mail address:	

TREASURER'S DETAILS

First Name:	
Surname:	
Address Line 1:	
Address Line 2:	
Town/City:	
County:	
Post Code:	
Country:	
Home Telephone:	
Work Telephone:	
Mobile Telephone:	
Fax Number:	
E-Mail address:	

PERSON RESPONSIBLE FOR MEMBERSHIP IN THE CLUB:

First Name:	
Surname:	
Address Line 1:	
Address Line 2:	
Town/City:	
County:	
Post Code:	
Country:	
Home Telephone:	
Work Telephone:	
Mobile Telephone:	
Fax Number:	
E-Mail address:	

MARCHESI HOUSE USE ONLY:

Date received:	
Allocated to Region:	
Cheque value:	
Details entered on CAS:	
Cheque banked:	
Date passed to Membership Officer:	
Date passed to National Councillor:	

Signed: _____ 41 Club Administrator

MEMBERSHIP & EXTENSION OFFICER ONLY:

Date received:	
Date of first contact:	
Proposed to National Council:	
Date of Charter:	
Charter Date issued to Marchesi House for CAS entry	

Signed: _____ Membership & Extension Officer