



Membership Number: _____

www.sthelensdsc.org

MEMBERSHIP APPLICATION FORM

(Membership Fee is £10.00 per year: please make cheques payable to St. Helens DSC)

Please complete in block capitals

Name of club/organisation _____

Address of home ground/base _____

Postcode _____

Has your club been known by any other name? YES NO

If "Yes" by what name:- _____

Has your club ever had membership of the DSC in this name? YES NO

Details of Official Club/Organisation Contact:

Name _____ Position _____

Full Address _____

Postcode _____ Mobile Number _____

Home Telephone Number _____ Work Telephone Number _____

E-mail Address _____

(Please write e-mail address CLEARLY) All club contacts must have an e-mail address or use an alternative e-mail address for DSC information to be circulated

Member Clubs are also included on the St. Helens District Sports Council Official Website, if you do not wish to have the above information included on the website please include details for another club official

Contact for the DSC website (if not as above):

Name _____ Position _____

Home Telephone Number _____ Work Telephone Number _____

E-mail Address _____

Club details:

Please circle as appropriate

Do you own your own Premises/Ground? YES NO
Type of Sport _____ Standard Local/County/National
No of Male Juniors _____ No of Male Seniors _____
No of Female Juniors _____ No of Female Seniors _____
Are any of your members registered disabled? YES NO
Do you have any members from Black or Ethnic minorities? YES NO

Training Nights: Please provide details for each age group including start/finish times, address of venue(s) including post code(s) and contact details (names(s)/phone no(s)/email address(es) for each group. Attach a separate sheet of paper if necessary.

Which League(s) is your club/organisation affiliated to? _____

Which Local/National Governing Body is your club/organisation affiliated to? _____

Most recent Club Honours Achieved _____

Has your club/organisation received your National Governing Body Accreditation? YES NO
Has your club/organisation received Sport England Club Mark? YES NO
Has your club/organisation received the District Sports Council's Accreditation? YES NO
Level Gold / Silver / Bronze

Is your club/organisation C.A.S.C registered? YES NO
(for more information see website)

Signature of Club/Organisation contact _____

Date form completed _____

Please return the completed form to: Mrs. F.M Crawford
59 Rivington Road
St. Helens
WA10 4NE
Telephone Number: 01744 753798 e-mail address: fmcsthsc1@btopenworld.com

To be completed by the Secretary of the St. Helens District Sports Council

Date application accepted _____ Payment received £ _____

Payment details _____

Signature of Secretary _____