

Membership No :

Family Name:

Membership Form



Office Use.....

Application Received. Dated:

Subscription Received. Dated:

Cards Issued. Dated:

Bahrain Rugby Football Club.
P.O. Box 26203, Manama, Kingdom of Bahrain.
Tel: (973) 17695809 Fax: (973) 17697670
E-Mail: info@bahrainrfc.com Website: www.bahrainrfc.net

About You.....

(All Details must be completed)

Title : Mr. Mrs. Miss. Other _____

Family Name:

First Name(s):

Nationality:

Date of Birth: Day: Month: Year:

C.P.R. Number:

Passport Number:
(Required only for Non-C.P.R Holders)

Company Name:

Position:

Religion:
(Optional)

About your Partner.....

(Single Members Please Move to next panel)

Spouses Details

(Please Note: Spouse will be enrolled as an additional 'Active Member'.)

Title : Mr. Mrs. Miss. Other _____

Family Name:
if different.

First Name(s):

Nationality:

C.P.R. Number:
(or Passport No.)

Date of Birth:

Mobile Phone No:

Your Contact Details.....

(All Details must be completed)

Mailing Address:

P.O. Box No: Post Office:

Country:

Telephone & Electronic Media Contact Details.

Telephone (Home):

Telephone (Office):

Mobile Phone No:

Communication with Members.....

E-Mail Distribution Lists;

Note: Bahrain R.F.C. organises numerous sporting activities and as a result distributes information related to each Sporting section of the Club via an Electronic Club Newsletter, as well as the Club Website.

Please provide at least one e-mail address through which you are happy to receive this Newsletter

E-Mail Addresses?.....

(Applicant's E-Mail Address is Automatically Added)

E-Mail Address:
(Please Print Clearly)

E-Mail Address:
(Please Print Clearly)

E-Mail Address:
(Please Print Clearly)

Dependant's Details.....

(Please Note: Dependant Family will be enrolled as 'Family Members' & should be under the age of 18 years.)

Title: Master. Miss.

Family Name:

if different.

First Name(s):

Date of Birth:

C.P.R. Number:

(or Passport No.)

Title: Master. Miss.

Family Name:

if different.

First Name(s):

Date of Birth:

C.P.R. Number:

(or Passport No.)

Title: Master. Miss.

Family Name:

if different.

First Name(s):

Date of Birth:

C.P.R. Number:

(or Passport No.)

Title: Master. Miss.

Family Name:

if different.

First Name(s):

Date of Birth:

C.P.R. Number:

(or Passport No.)

Please use & attach additional forms if required

IMPORTANT - Please Read Carefully before signing

Please Note: Your Signature on this completed application form signifies the following:

- * The BRFC Club Member and/or Spouse signing this form agree to abide by all of the Clubs Regulations, it's Bye-Laws and the Club's Constitution. *(Copies available from the BRFC Reception and on the Club website)*
- * The BRFC Club Member and/or Spouse by signing this form agree to be responsible for the conduct of their family dependant's attached to their 'Family Membership Package' ensuring that they abide by all of the Clubs Regulations, it's Bye-Laws and the Club's Constitution. *(Copies available from the BRFC Reception and on the Club website)*
- * The BRFC Club Member and/or Spouse in signing this form acknowledge that participation in, spectating at, or merely being in the vicinity of, Sporting Activities organised by or at Bahrain RFC's facilities by outside parties, carry some inherent risks, and that they understand that adequate medical coverage is the responsibility of the Club Member prior to participation.
- * The BRFC Club Member and/or Spouse in signing this form acknowledge that Bahrain R.F.C only carries 'Public Liability Insurances' as required by the law of the Kingdom of Bahrain. No personal Insurances are mandated or available at this time.
- * The BRFC Club Member and/or Spouse in signing this form acknowledge that Bahrain R.F.C accepts no liability for personal injuries, or damage to personal property, that may occur during their participation in any activities, sporting or otherwise, organised at the Bahrain RFC premises.

Member's Signatures.....

(Please Remember both must sign)

Club Member's Signature

Signature:

Dated:

Club Member's Spouses' Signature

Signature:

Dated:

Electronically submitted Forms will be held for processing until submission of correctly signed documents, at the Bahrain RFC Reception.

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Your Applications Proposer.....

(All Details must be completed)

Membership No:

Full Name:

I certify that I personally know the applicant, find him/her to be of good character and propose that their application for Membership of Bahrain RFC be accepted.

Signature:

Dated:

Your Applications Secunder.....

(All Details must be completed)

Membership No:

Full Name:

I certify that I personally know the applicant, find him/her to be of good character and concur that their application for Membership of Bahrain RFC be accepted.

Signature:

Dated:

Please Note:

- * When Asking Someone to Propose or Second your application check that their membership is currently valid.
- * Completed Proposer and Secunder Section of Application - Inaccurate details will result in delays to you application being accepted
- * When agreeing to Propose or Second a potential New Member their conduct during their probationary period will reflect on your Membership and, as the sponsoring member, you may be called to account for their actions in the event of any disciplinary actions being taken
- * Applicants should note that the acceptance of this application by the Club's Executive Committee is granted provisionally for the initial six (6) months of Membership. This approval may be revoked at any time during this period.