

# THE SUSSEX COUNTY ASSOCIATION OF CHANGE RINGERS

Registered Charity No. 268588



## MEMBERSHIP APPLICATION FORM

If you have email/internet access, you must join online here: [www.membermojo.co.uk/sussexbellringers](http://www.membermojo.co.uk/sussexbellringers)  
This form should only be used for those without email/internet access. This is to reduce the administrative burden on our volunteer officers.

Personal Details	
Please complete all parts of this section. Please <b>PRINT CLEARLY!</b>	
Title	
First name	
Surname	
Month & Year of birth <i>(for insurance purposes)</i>	
Address	
Postcode	
Home telephone	
Mobile number	
Offline application	<input type="checkbox"/> I confirm I do not have email and cannot apply online
New Member Proposer & Seconder	
This section <b>must</b> be completed for <b>all</b> new applicants. New Member applications must be Proposed AND Seconded by current adult ringing members of the Association.	
Proposed by (please print name)	
Signature of Proposer	
Seconded by (please print name)	
Signature of Seconder	
Membership Category	
Please select the membership type you are applying for:	
<input type="checkbox"/> Adult ringing member (resident and/or regularly ringing in Sussex)	
<input type="checkbox"/> Junior (under 18 on 1st January)	
<input type="checkbox"/> Adult non-ringing member (associate)	
<input type="checkbox"/> Adult non-resident member (not resident or ringing regularly in Sussex) (ONLY for Peal ringing)	
Home Tower	
This section <b>must</b> be completed for <b>all</b> new applicants.	
Name & Dedication of Home Tower	
Annual Report - OPTIONAL	
All members have access to the Annual Report online. One printed copy is provided to each Tower.	
<input type="checkbox"/> Tick this box if you require a personal PRINTED copy of the Annual Report & Handbook. Printed copies of the report will be delivered via your selected home tower.	

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## Parent or Guardian Details

This section **must** be completed for all new applicants who are under 18 years old.  
By signing this form, the parent/guardian gives consent for their child to join SCACR.

Name of Parent or Guardian	
Phone number (mobile preferred)	
Signature	
Dated (dd/mm/yy)	

## DBS (Disclosure & Barring Service) - OPTIONAL

Do you hold an Enhanced DBS certificate? <i>this is not the same as safeguarding training "Basic Awareness (formerly CO)"</i>	<input type="checkbox"/> Yes, from any parish in the Diocese of Chichester <input type="checkbox"/> Yes, from another organisation <input type="checkbox"/> No Enhanced DBS Certificate held
DBS issue date	issued on ...../...../..... (dd/mm/yy)
DBS cert. subscribed to update service?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Declaration and Signature

This section **must** be completed for **all** new applicants.

I apply for membership (or renewal of membership) of the Sussex County Association of Change Ringers. I confirm I have read the Rules of the Association and am eligible for the membership option I have applied for.

Membership is subject to completion of this form and payment of your subscription. The Association reserves the right to refuse an application or request further information in support of it. The full annual subscription fee is due at the time of application. Subscription for any member joining on or after 1st October shall run to 31st December of the following year.

Signed:		Date: (dd/mm/yy):	
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## Payment

Payment is accepted by cheque or bank transfer.

Due to bank closures and bank charges for cheques, we would really appreciate it if you could only pay by cheque if you have no other way to pay.

The person making the payment by cheque or bank transfer **MUST** send a list of the individual names paid so that we can assign the payment to the correct individuals.

I will pay by bank transfer to "Sussex County Association of Change Ringers", Sort code: 40-52-40, Account: 00002642. Important - the payment reference **must** include "SUBS" and the TOWER name (e.g. "SUBS Anytown") or the individual MEMBER name (e.g. "SUBS Leslie Smith")

I will pay by cheque payable to "Sussex County Association of Change Ringers". You **must** write your name and the tower name on the back of the cheque.

## Post the completed form to the Association!

Post the completed form, cheque (if applicable) and a covering note to:

Mrs S Gadd, 1 Southdown Terrace, Steyning, BN44 3YJ.