

## CONFIDENTIAL

## BARBADOS FOOTBALL ASSOCIATION MEMBERSHIP FORM

(IMPORTANT: PLEASE READ ACCOMPANYING NOTES OVERLEAF BEFORE COMPLETING FORM)

	YEAR	IDENTIFICATION #		
NAME OF APPLICANT/MEMBER				
Names and Addresses of	Officers:			
President:		Tel: (H)	(W)	
Address:				
Email address:				
			(W)	
Address:			***************************************	
Email address:				
Names and Addresses of	Team Personnel:			
Manager:		Tel: (H)	(W)	
Address:				
Coach:		Tel: (H)	(W)	
Address:				
Captain:		Tel: (H)	(W)	
Address:				
First Aid:		Tel: (H)	(W)	
Address:				
Sponsor (s):				
Ground:				
Location (incl. Directions, land	marks)	5		



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Team Uniforms	Colour of Shirt	Colour of Shorts	Colour of socks	
First (Home)				
Second (Away)				
The		o abide by the Constitution, Bye	-Laws, Rules and	
Signed: (Signature of Officer)		Signed: (Signature of Officer)		
Office (held):(Please print in bold)		Office (held): (Please print in bold)		
Date:		Date:		
	OFFICIAL US	SE ONLY		
Documentation submitted (I	Please Tick √):			
Constitution				
Rules, Regulations etc	<del>,</del>			
Membership Fee Paid (Bds.)	\$ Date	Receipt#.		
Membership Status:				

## NOTES:

- 1. This completed document forms part of your official record and must be legibly completed in BLOCK CAPITALS unless as otherwise specified (Signatures).
- 2. This form MUST be signed by two (2) Officers of the Applicant/Member. Any information provided which is determined to be false will invalidate /violate membership.
- 3. A copy of the Constitution, Rules, Bye-Laws etc., of applicants MUST accompany this form. Where amendments are made, the Applicant/Member agrees to provide these changes, in writing, to the Barbados Football Association (BFA).
- 4. Changes to the information submitted, on this form, should be communicated, in writing, to the BFA within 14 days.

(H)- Home; (W) - Work