



MEMBERSHIP APPLICATION FORM

- PLEASE COMPLETE YOUR APPLICATION IN BLOCK CAPITALS -

To be valid, all details, relevant to your application type, must be completed and clearly printed. Please attach the following documents to this form:



REQUIRED ATTACHMENTS

PASSPORT OR CPR COPIES (FRONT & BACK) FOR EACH MEMBER OF THE FAMILY
A PASSPORT SIZE PHOTOGRAPH FOR EACH MEMBER OF THE FAMILY

Incomplete requirements and inaccurate details will result in delays with your application approval

MEMBERSHIP TYPE: SINGLE ☐ FAMILY ☐

Annual Membership Fees (Sep 1 – Aug 31)

Single: BD 187/- | Family: BD253/-

Inclusive of VAT

Please check any **senior sports** that you will be participating in:

Rugby ☐ Football ☐ Gaelic ☐ Netball ☐

Cricket ☐ Badminton ☐ Other

> ABOUT YOU

Title:
Family Name:
First Name(s):
Nationality:
Date of birth: Day Month Year
CPR Number:
or passport number for non-CPR holders
Company:
Position:
Mobile number:
Email address:

> ABOUT YOUR SPOUSE OR PARTNER

Title:
Family Name:
First Name(s):
Nationality:
Date of birth: Day Month Year
CPR Number:
or passport number for non-CPR holders
Company:
Position:
Mobile number:
Email address:

> ABOUT YOUR DEPENDENTS

Dependants will be enrolled as "Family members" & **must be under 18 years of age**

Please check any **junior sports** that your dependents will be participating in:

Rugby ☐ Football ☐ Gaelic ☐ Netball ☐ Cricket ☐

Other

Title: Master ☐ Miss ☐
Family Name:
First Name(s):
Date of birth: Day Month Year
CPR Number:
or passport number for non-CPR holders

Title: Master ☐ Miss ☐
Family Name:
First Name(s):
Date of birth: Day Month Year
CPR Number:
or passport number for non-CPR holders

Title: Master ☐ Miss ☐
Family Name:
First Name(s):
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Title: Master ☐ Miss ☐
Family Name:
First Name(s):
Date of birth: Day Month Year
CPR Number:
or passport number for non-CPR holders

**PLEASE READ CAREFULLY BEFORE SIGNING****THE BRFC CLUB MEMBER AND/OR SPOUSE SIGNING THIS FORM AGREE TO THE FOLLOWING:**

- > Abide by all of the Clubs Regulations, its Bye-Laws and the Club's Constitution. (Copies available from the BRFC Reception)
- > Agree to be responsible for the conduct of their family dependent's attached to their 'Family Membership Package' ensuring that they abide by all of the Clubs Regulations, its Bye-Laws and the Club's Constitution. (Copies available from the BRFC Reception)
- > Acknowledge that participation in, or spectating at, or merely being in the vicinity of Sporting Activities, organized at BRFC's facilities, or 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, spectating or visiting BRFC.
- > Acknowledge that BRFC 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.
- > Acknowledge that BRFC accepts no liability for personal injuries, or damage to personal property, that may occur during their participation in any activities, sporting or otherwise, organized at the BRFC premises.
- > Applicants should note that the acceptance of this application by the Club's Executive Committee is granted provisionally for the initial one (1) year of Membership. This approval may be revoked at any time during this probationary period.

> APPLICANTS SIGNATURE

SIGNATURE

DATE

> SPOUSE OR PARTNERS SIGNATURE

SIGNATURE

DATE

> APPLICATION PROPOSERS

All details must be completed

Please note: When asking someone to propose your application, check that their membership is currently valid and have been BRFC member for more than one year.

When agreeing to propose 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.

MEMBERSHIP NO.

FULL NAME

SIGNATURE

DATE

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

MEMBERSHIP NO.

FULL NAME

SIGNATURE

DATE

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

OFFICE USE ONLYAPPLICATION
RECEIVEDAPPROVED ☐

DATE

DENIED ☐

SIGNED

DATE

MEMBERSHIP
PORTAL

DATE

MASTER
LIST

DATE

EMAIL LISTS
UPDATED

DATE

CARDS
ISSUED

DATE