

**ACCRA POLO CLUB MEMBERSHIP - FORM**

DATE: \_\_\_\_/\_\_\_\_/ 20\_\_\_\_

FULL NAME \_\_\_\_\_

OCCUPATION (PROFESSION) \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

POSTAL ADDRESS \_\_\_\_\_

MOBILE NUMBER-\_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

EMAIL \_\_\_\_\_

CATEGORY OF MEMBERSHIP (PLEASE TICK):

- ☐ POLO PLAYING/ RIDING MEMBER
- ☐ SOCIAL & SPORTS MEMBER
- ☐ CORPORATE MEMBER
- ☐ TEMPORAL MEMBER

TYPE OF MEMBERSHIP (PLEASE CIRCLE)

- FAMILY
- SINGLE

OTHER CLUBS (IF ANY) \_\_\_\_\_

**"I HEREBY APPLY TO JOIN THE ACCRA POLO CLUB AND AGREE TO ABIDE BY THE RULES AND REGULATIONS IF I AM ELECTED"**

SIGNATURE \_\_\_\_\_ NAME \_\_\_\_\_

**(TO BE COMPLETED ONLY BY EXISTING MEMBERS IN GOOD STANDING)**

PROPOSED BY \_\_\_\_\_ SIGNATURE \_\_\_\_\_

SECONDED BY \_\_\_\_\_ SIGNATURE \_\_\_\_\_

COMMITTEE APPROVED                      **YES**      **NO**      DATE \_\_\_\_\_

PRESIDENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

COMMENTS.