



## MEMBERSHIP APPLICATION FORM – ASSOCIATE MEMBER

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I/We

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(Please state individual/s' name in block capitals)

Of

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(Please state Registered Company Name in block capitals)

Being the proprietor(s)/director(s) of the under-mentioned company hereby apply for associate membership of The Bingo Association Limited. If elected I/We agree to be bound by the Association's Code of Conduct, its' Articles of Association and any bye-laws of the Association, as amended from time to time.

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Signature

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Date

### COMPANY

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Name of Company

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(In block capitals please)

Nature of your company's association with the bingo industry:

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The Bingo Association Limited  
Lexham House, 75 High Street North, Dunstable, Beds. LU6 1JF  
Tel: 01582 860921 Fax: 01582 860925  
Registered in England and Wales No. 7588517

VAT REGISTRATION NO: 239284735

Company Address .....

.....

Postcode .....

Telephone Number .....

E-Mail Address .....

Web site address .....

**PRIMARY CONTACT FOR ALL COMMUNICATIONS FROM THE BINGO ASSOCIATION**

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Please complete the name and address of the primary contact

Title (Mr/Mrs/Ms) .....

Company .....

Name .....

Address .....

.....

Postcode .....

Telephone Number .....

Fax Number .....

E-Mail Address .....

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