



## MEMBERSHIP APPLICATION FORM – RETAIL BINGO CLUBS

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I/We

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

Of

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(Please state Registered Company Name in block capitals)

Being the licensed bingo operator of the under-mentioned licensed premises hereby apply for full membership of The Bingo Association Limited in respect of each such establishment I/We operate. If elected I/We agree to be bound by the Articles of Association and any bye-laws of the Association as amended from time to time and to adhere to the BA Code of Conduct, which is a condition of membership of The Bingo Association.

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Signature of the licensed bingo operator

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Date

The Bingo Association Limited  
Lexham House, 75 High Street North, Dunstable, Beds. LU6 1JF  
Tel: 01585 860921 Fax: 01582 860925  
Registered in England and Wales No. 7588517

VAT REGISTRATION NO: 239284735

**COMPANY**

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Name of Company .....

Web site address .....

Name of Club .....

(Please state Club Name and Trading Name in block capitals)

Head Office Address .....

Postcode .....

Telephone Number .....

E-Mail Address .....

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Name of Club. ....

(Please state Club Name and Trading Name block capitals)

Club Address .....

Postcode .....

Telephone Number .....

E-Mail Address .....

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**(If you are applying for more than 2 clubs please copy this page as often as needed)**

**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)

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Name

.....

Address

.....

.....

Postcode

.....

Telephone Number

.....

Fax Number

.....

E-Mail Address

.....

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**Age Verification testing is a condition of membership of The Bingo Association, unless an alternative trade association, or body, is conducting this on your behalf.**

Should you wish to opt out of The Bingo Association's Age Verification scheme, please state below which trade association, or body, will be conducting your testing. Please be aware these details may be passed to the Gambling Commission.