



ACCRA POLO CLUB MEMBERSHIP FORM

FULL NAME _____

OCCUPATION (PROFESSION) _____

BUSINESS ADDRESS _____

POSTAL ADDRESS _____

CONTACT NUMBER _____

EMAIL ADDRESS _____

MEMBERSHIP CATEGORY (PLEASE TICK)

- ☐ POLO PLAYING
- ☐ RIDING
- ☐ SOCIAL & SPORTS
- ☐ CORPORATE
- ☐ TEMPORARY

MEMBERSHIP TYPE (PLEASE TICK)

- ☐ FAMILY
- ☐ SINGLE

OTHER AFFILIATED CLUBS & ORGANIZATIONS (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 BY EXISTING MEMBERS IN GOOD STANDING)

SIGNATURE (PROPOSER) _____ NAME _____

SIGNATURE (SECONDER) _____ NAME _____

SIGNATURE (PRESIDENT) _____ DATE _____

EXECUTIVE COMMITTEE APPROVAL **YES** **NO** DATE _____

COMMENTS