



# MAURITIUS PORT LOUIS ASSOCIATION (UK)

Founded in 1990

## MPLA MEMBERSHIP APPLICATION FORM

Please fill in below and return to a member of MPLA Membership Subcommittee; we will inform you when your membership has been approved.

### **Applicant Section**

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**Title (Dr/Mr/Mrs/Miss/Ms):** \_\_\_\_\_

**Full name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Mobile No:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Referred by MPLA Member:** \_\_\_\_\_

- Type of Membership:**
- Full member (Sports activities and Social events) - **£100 yearly**
  - Social Member (Social events only) - **£50 yearly**
  - Sibling Full Member (Sports activities and Social events) - **£50 yearly**
  - Sibling Social Member (Social events only) - **£25 yearly**

**For sibling membership only**

**Affiliated parent member:** \_\_\_\_\_

- I am over 18 years of age and wish to join Mauritius Port Louis Association (UK) as a member
- I acknowledge that I have read, understand, and agree to the Terms and Conditions of the association and promise to abide by the Rules and Regulations as per the constitution (available on our website).
- I consent to allow my data to be used by the organisation and to receive periodic updates.
- I am happy for all donations/contributions that I have made to MPLA in the past four years, and future ones be Gift Aid donations

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **Referral Section**

- .....
- I have reviewed the above filled section. I certify that the applicant is known to me personally, has placed their signature in my presence and I propose that they are admitted as an MPLA Member.

**Name of Referrer:** \_\_\_\_\_

**Signature of Referrer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **For Office Use**

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**Application approved at the committee meeting held on:** \_\_\_\_\_

**Membership number assigned:** \_\_\_\_\_ **Date:** \_\_\_\_\_