



**ECB Association of Cricket Officials  
Application for New Membership**

Surname: .....

First Name(s): .....

Title (Mr, Mrs etc) ..... Date of Birth: .....

Address: .....

.....

Postcode: .....

Telephone: Home ..... Mobile .....

E-mail: .....

Where did you hear about us? .....

Umpire/scorer/both: ..... Active/non-active: .....

**County Registration\***: ..... **CRB Date of Issue**:.....

- Membership Applied For: (please tick one)
- |                                 |                          |
|---------------------------------|--------------------------|
| Full (DD £20/CHQ £22)           | <input type="checkbox"/> |
| Associate (£10/£12)             | <input type="checkbox"/> |
| Junior (U25) (£5/£7)            | <input type="checkbox"/> |
| EC (£20/£22/€26)                | <input type="checkbox"/> |
| Overseas (non EC) (£10/£12/€15) | <input type="checkbox"/> |

Please return this form to:

ECB Association of Cricket Officials,  
Lord's Cricket Ground.  
London. NW8 8QZ

I understand that the ECB may hold my personal details as shown above in electronic form for its record keeping purposes. In conjunction with any other information it obtains about me and ECB may use it in order to contact me on officiating (including umpiring and scoring) and other cricket matters. I also understand that the ECB may pass relevant information relating to officiating to other cricketing bodies including County Board Associations, County Clubs, Leagues and cricket clubs.

I consent to the ECB using the details provided above or as otherwise notified to the ECB.

\* I DO NOT WISH to receive information and offers from ECB sponsors, commercial partners and/or official supporters by mail, email, text message and/or telephone (please delete any that do not apply)

\* I DO NOT WISH to receive information and offers from other suppliers of products and/or services by mail, email, text message and/or telephone (please delete any that do not apply)

\* Please delete if you do not consent to receive this information

Signed:

Date:

**\* You will automatically be linked with your local ECB ACO County Association, unless you state otherwise. By signing this application you are allowing us to pass your contact details onto the relevant County Board Official Association.**