**Change of Cardholder Form**

Membership No.

Name of Organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Cardholder to be removed | Cardholder to be added | Position in organisation |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Each organisation is allowed a maximum of 6 cardholders

**ALL CHANGES OR ADDITIONS COST £5.00 PER CARD AND MUST BE PAID ON COLLECTION**

**TO BE COMPLETED BY HEAD OF ORGANISATION**

I agree on behalf of the organisation named above, to be bound by the terms and conditions of membership and that the information on this form is correct. I also confirm that the above named are employees (paid or voluntary) and are authorised to collect on our behalf.

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_**

**Print name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

Please note the following:

* It is a condition of membership that your group does not collect on behalf of a non-member group.
* This is an application process which cannot be done at the counter. It can take up to three working days from receipt of application to process. Once completed we will email the group using the email address provided to let them know their cards are ready for collection.
* Cardholders cannot bring non-members into *Play Resource* to make collections.
* Cards are non transferable and can only be used by the named person. Anyone found using someone else’s card will have the card withdrawn.
* If your membership is out of date by more than two weeks you will not be able to use the centre.
* This form can either be returned by:

Post: Play Resource, North City Business Centre, 2 Duncairn Gardens, Belfast, BT15 2GG

Email: laura@playresource.org

Office use only

Date changed:

Date group contacted:

Initials: