

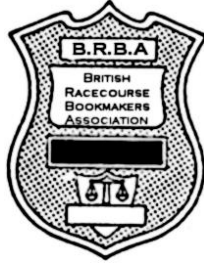
# The British Racecourse Bookmakers' Association

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Vice President  
I. Harrison (Nuneaton)

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P. Hertzburg (Huddersfield)      A. Wigglesworth (York)



Registered: London  
Reg. No. 189376

Registered Office:  
89 Penda's Way  
Crossgates  
Leeds

LS15 8HN  
Telephone: 0113 264 0241  
Email: office@brba.uk

## MEMBERSHIP OF BRBA – APPLICATION 2025

To the Directors of the BRBA,

I wish to apply to become a member of the above named Trade Association, and I/we agree to be bound by the Articles, Rules and Regulations thereof, which from time to time may be forced and are open to inspection at the Association office.

NAME \_\_\_\_\_

[IF PARTNERSHIP, LIMITED COMPANY PLEASE GIVE ALL RELEVANT NAMES BELOW]

\_\_\_\_\_

HOME ADDRESS AND POST CODE

\_\_\_\_\_  
\_\_\_\_\_

HOME PHONE \_\_\_\_\_ MOBILE PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

IF APPLICABLE- BUSINESS ADDRESS

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Tick areas of work: Greyhounds: .... Harness:.... Point to Point:.... Racecourse:.... Shop:.... Other:....

Proposer and Seconder- both of whom must be BRBA members of 3 years' standing.

Proposer: \_\_\_\_\_

Seconder: \_\_\_\_\_

How long established as a bookmaker? \_\_\_\_\_

Membership of other Trade Associations? \_\_\_\_\_

I enclose a copy of pages 1,2, and Schedule X and Y of my Gambling Commission Licence.

I enclose a Certificate of Discharge or Exemption from the Horserace Betting Levy Board.

Payment to BRBA for £60. (BACs details will be given when this form is returned)

Signed: \_\_\_\_\_ Dated \_\_\_\_\_

### WAIVER of RIGHTS

I (1) \_\_\_\_\_

of

(2) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Trading as(3) \_\_\_\_\_

hereby agree that as a condition of my acceptance as a member of the British Racecourse Bookmaker's Association (the Association) to waive my rights to any share of the net liquidation proceeds of the Association should the association wind-up within a period of five years from the date of me being accepted as a member.

I intend this waiver to be binding and hereby release and discharge the Association from any liability in connection with the distribution of funds to members as a result of winding-up the Association for a period of five (5) years from the date (4) below at which I have been accepted as a member and have signed (5) this waiver.

(4) Date \_\_\_\_\_

(5) Signed \_\_\_\_\_

- (1) Please print full name here
- (2) Please print contact address, including postcode, here
- (3) Please print trading name here
- (4) Please enter the date of joining the Association and signing the waiver notice here
- (5) Please sign here