



Purchase Membership to book onto a Course

Purchasing Membership to book onto a Course

- Head on to the member registration portal by clicking <u>here</u>.
- Select the Region 'East Midlands Volleyball Association'.
- Select the County 'Leicestershire Volleyball Association'.



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Step 2: Select your club by clicking on a map pin, or selecting it from the clubs list.





- Select the 'Pre-course Membership'.
- Click 'Register Now'. This will redirect you to registration/login page where you can create a new account.



- If you do not have a VolleyZone account:
 - On the registration-login page, Click 'Sign Up' on the top left of the login box.
 - Enter your email, password and other required details.
 - Click 'Register'. This will send a verification email to the provided email address.
 - Open the email and verify your account. This will redirect you to log-in page.
 - Log in by entering your account username (this is your email) and password.



- Enter the quantity '1' for the membership type you are purchasing. Only purchase one membership at a time to avoid duplication errors.
- Click 'Continue'.
- On the next page, choose 'Add new member' from the drop-down list.
- Click 'Continue'.
- Enter your details, upload your photo (this will appear on your member id), accept the Terms and Conditions.
- Finally, click 'Register'.
- Follow the on-screen instructions to complete your payment.

Name: Referee (U18)	Price: 25.00	Qty: 0	Total: 0.00
Name: Dual package - Coach & Referee	Price: 89.50	Qty: 0	Total: 0.00
Name: Dual package - Coach & Referee (60+)	Price: 45.00	Qty: 0	Total: 0.00
Name: Dual package - Coach & Referee (U18)	Price: 45.00	Qty: 0	Total: 0.00
Name: Pre-Course Membership Description: Only for the purpose of booking onto a course	Price: 0.00	Qty: 1	Total: 0.00
			Total Cost (Ex Fees): 0.00
Continue			

Member Registration			
Enter your details		← Back	
Selected Membership	Pre-Course Membership		
PRE-COURSE MEMBERSHIP	Personal Data First Name	Surname	
	E-mail	Date of Birth dd/mm/yyyy	
	Gender	Sex at Birth	
	Please Select	Please Select.	
	Which of the following best describes your sexual orientation? Please Select.	Ethnic Origin Please Select.	
	Religion	Do you consider yourself to have a disability or long-term health condition?	
	Please Select	Please Select	