



SCRABO STRIDERS

Membership Application Form

Membership of Scrabo Striders is open to all on completion of this application form and subject to acceptance by the Club Committee. Fees are subject to change at the AGM. The annual membership fee in the form of cash or cheque must accompany this form. Cheques should be made payable to Scrabo Striders. Please forward application form and fee to the Treasurer: Karen Farrelly or the Club Secretary: Lyndsey Lappin

Surname		M	F
First name(s)			
Date of birth			
Address			
Telephone number	Home	Mobile	Email
Emergency contact details	Name	Telephone number	Relationship to member
Membership fees – 1st December 2019 – 31st March 2020			Tick required membership
Senior	18 years old	£20	<input type="checkbox"/>
Junior	11 – 17 years old	£15	<input type="checkbox"/>
Affiliate	For training only if already a member of another running club	£10	<input type="checkbox"/>
Family membership only (discount of £5 is applied per family member)			
Number of members at same address			Complete form for each new member
Name of family member 1		Date of birth	
Name of family member 2		Date of birth	
Name of family member 3		Date of birth	
Name of family member 4		Date of birth	
Payment		Tick	
Cash		<input type="checkbox"/>	
Cheque (made payable to Scrabo Striders)		<input type="checkbox"/>	
Bank transfer (remember to put your full name as reference)		Account name: Scrabo Striders Account number: 01107210 Sort code: 09-01-29	
If you are or have been a member of another club, please give name and address: If you are no longer a member, please give date of resignation or the last time you competed for them. Date: / /			

The club will not sell, distribute or lease your personal information to third parties unless we have your permission or are required by law to do so. By signing this form you are allowing us to send you promotional information about club activities which we think you may find interesting.

I wish to become a member of Scrabo Striders and subject to the approval of my application by the Club Committee. I agree to adhere to the Club Membership rules and policies.

Signature of applicant: _____ Date: _____

For official use:	
Signature of Club Official: _____	Date: _____
Membership paid <input type="checkbox"/>	Application accepted <input type="checkbox"/>
	Application not accepted <input type="checkbox"/>



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Please give details including GP's name and contact details and if you suffer from any illness, medical condition (e.g. asthma, diabetes), allergy (e.g. Penicillin, etc.), injury, are undergoing treatment or receiving medication which we should be aware of.

GP Details

GP name: _____

Address: _____

Contact number: _____

Medical conditions

Only to be completed where you are suffering from any illness, medical condition, allergy, injury, are undergoing treatment or receiving medication which we should be aware of.

Details:

The information you give will be processed in accordance with the General Data Protection Regulation 2018 and will be used to administer membership of Scrabo Striders. It will only be disclosed in confidence to certain Personnel (coaches/ leaders) who need to be aware of such information in the interests of the member and to medical personnel in the event of an accident.