



## 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

<b>Surname</b>		<b>M</b>	<b>F</b>
<b>First name(s)</b>			
<b>Date of birth</b>			
<b>Address</b>			
<b>Telephone number</b>	<b>Home</b>	<b>Mobile</b>	<b>Email</b>
<b>Emergency contact details</b>	<b>Name</b>	<b>Telephone number</b>	<b>Relationship to member</b>
<b>Membership fees – 1<sup>st</sup> April 2019 – 31<sup>st</sup> March 2020</b>			<b>Tick required membership</b>
Senior	18 years old	£40	
Junior	11 – 17 years old	£30	
Affiliate	For training only if already a member of another running club	£30	
<b>Family membership only (discount of £5 is applied per family member)</b>			
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	
<b>Payment</b>		<b>Tick</b>	
Cash			
Cheque (made payable to Scrabo Striders)			
Bank transfer (remember to put your <b>full name as reference</b> )		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: \_\_\_\_\_

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



## SCRABO STRIDERS Membership Application Form

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.