

# CONGLETON HARRIERS

## Membership Application

### PERSONAL DETAILS

Full Name ..... Known as .....

Address .....

..... Post Code .....

Tel. No. (H) ..... Male/Female ..... Date of Birth .....

Tel. No. (W) ..... Tel. No. (M) .....

E-Mail(s) .....

### MEMBERSHIP DETAILS (competing members only)

I am joining Congleton Harriers as FIRST or SECOND claim .....

Name of first claim club (where applicable) .....

### MEDICAL DETAILS (competing members only - please complete fully)

Date of last Tetanus vaccination .....

Are there any medical conditions of which we need to be aware? Yes / No

If Yes, then please give more details overleaf.

### MEMBERSHIP FEES (for year to 30/04/10) – please tick one box in the appropriate section

#### New Members (payable by cheque only and includes a Congleton Harriers vest)

Individual Membership (competing)	£21	<input type="checkbox"/>	Second Claim Membership	£16	<input type="checkbox"/>
Family Membership (both competing)	£40	<input type="checkbox"/>	Family Membership (one competing)	£28	<input type="checkbox"/>

**Please also complete a Standing Order Form for your 2<sup>nd</sup> year renewal**

#### Renewing Members (payable by Standing Order only)

Individual Membership (competing)	£15	<input type="checkbox"/>	Second Claim Membership	£10	<input type="checkbox"/>
Family Membership (both competing)	£28	<input type="checkbox"/>	Family Membership (one competing)	£22	<input type="checkbox"/>

These amounts include fees due to UK Athletics where applicable.

### DECLARATION (\* please delete as applicable)

I confirm that I am over 18 and eligible to compete under UK Athletics rules. I **\*ACCEPT / DO NOT ACCEPT** that my personal data will be held on a computer by Congleton Harriers.

As a club member I **\*AGREE / DO NOT AGREE** to disclosure of my personal data in a club list of members and to England Athletics.

Signed ..... Date .....

Send this form (one for each member) together with a cheque payable to "Congleton Harriers"  
plus completed Standing Order Form to:-  
Paula Kennerley, 77 Holmes Chapel Road, Congleton, Cheshire, CW12 4NU (Tel: 07712 761746)

## **MEDICAL DETAILS**

(competing members only)

Under our duty of care, the club needs to know of any medical conditions which may need special attention.

This information will **not** be published in any list of information produced by the club, but will be passed on to relevant club coaches and/or team managers. However, it would be helpful if you remind us of any problems before training or competing.

**The following may assist you to determine the sort of details required. Please advise of any information you feel is relevant.**

1. Have you suffered any of the following:
  - Fits, blackouts, or convulsions?
  - Asthma or severe hay fever?
  
2. Are you allergic to any drugs? (Paracetamol, aspirin, etc.)
  
3. Are you allergic to any animals/foodstuffs?
  
4. Do you suffer from travel sickness?
  
5. Are you on any long term medication?
  
6. Are there any other medical or nutrition factors, of which you believe we may need to be aware?

# STANDING ORDER

To: The Manager

*Enter Name and address of your bank*

*Enter your Name and address*

Account number

*Enter your bank account number*

Please pay

*Enter annual fee:*

*£15 for individual (inc England Athletics affiliation fees)*

*£10 for individual (if second claim)*

*£28 for family (if both competing)*

*£22 for family (if only one competing)*

On the 30th day of April, every year commencing 30th April 2010, to: -

*Name and address of Club's bank account*

Sort Code

*Club's sort code*

Account Name

*Club's account name*

Account No.

*Club's account number*

Signed

*By Member (and other signatories if required)*

Member's Name

*(Please print)*

Dated