



# 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

Membership fees – 1 <sup>st</sup> April 2017 – 31 <sup>st</sup> March 2018		Tick required membership	
Senior	18 years old	£40	
Junior	11 – 17 years old	£30	
Affiliate	For training only if already a member of another running club	£40	

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	
Name of family member 5		Date of birth	

Surname		M	F
First name(s)			
Date of birth                    /        /			
Address			
Telephone number	Home	Mobile	Email
Emergency contact details	Name	Telephone number	Relationship to member

<p>If you are or have been a member of another club, please give name and address:</p> <p>If you are no longer a member, please give date of resignation or the last time you competed for them.</p> <p>Date:                    /        /</p>
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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: _____	
Application accepted <input type="checkbox"/>	Application not accepted <input type="checkbox"/>
Membership paid <input type="checkbox"/>	Date: _____



## 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 Data Protection Act 1998 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.