

## **Membership and Renewal Form**

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Name (Full)																
Address																
Post Code																
Phone 1																
Phone 2																
D-D																
DoB																
E-Mail																
												<u> </u>				
Type of membe	ership 1	equi	red.	Plea	ise ti	ck										
Playing	Non-Playing						Student					Junior				
Playing Family	. Non-Playing F						amily				Tick if a VP					
For Family or	Junio	r Me	embe	ershi	p Or	ıly										
Child Names 1								Child Names 3								
DoB							D	оB								
School								School								
Child Names 2						Child Names 4										
DoB						-	D	DoB								
School						-	S	choo	ol							

Medical Conditions
Please ensure you complete a medical consent form and hand it to your group coach/team manager.
Do you have a trade or skill or knowledge which you would be willing to share with the Club in order to assist in various projects (please give details)?
Are you able to offer employment to players new to the area (please give details of the type of employment you could offer)?
Are you able to offer accommodation to players new to the area, either short term or long term (please give details)?
I apply for membership/renewal to one of the categories listed above. I agree to abide by the Club rules and decisions of the committee and permit my details to be kept on a computer database authorised by the committee.
Signed: Full Name:
Dated: