



Senior Membership Application Form

NAME:	
DOB:	
ADDRESS: Inc. post code:	
PHONE: Home: Mobile:	
Email:	

EMERGENCY CONTACT Name:	
Relationship:	
Contact Number:	

<p>MEDICAL CONDITIONS: If you have a medical condition that may impact or affect your training, please make one of our coaching team aware. I also agree to update the club coaches of any important health/medical change that occurs during the year. <i>Any information shared will be in strict confidence.</i></p>

<p>SUBSCRIPTIONS RUN FROM 1ST JANUARY TO 31ST DECEMBER. Please indicate which membership you are applying for:</p>	
1 st Claim Senior Member £35	Y/N
2 nd Claim Senior Member £35 Name of 1st Claim Club:	Y/N
<p>DECLARATION: Having been admitted as a member of Thirsk and Sowerby Harriers, I do hereby declare willingness to conform to the England Athletics rules and regulations thereof and that Thirsk and Sowerby Harriers shall have the appropriate level claim on my services in all team and individual cross country, road, track and field events (if any) until such time as I succeed according to the rules. I understand that I take part in training at my own risk. I understand that my personal information shall only be used for club and England Athletics purposes.</p>	
Signed	Date:

Please now: 1. Pay subscription by BACS giving surname as reference to:

Account no: 40976744 Sort code : 23-05-80

2. Send this application form to: Mrs P L Radford (Membership Secretary) Thirsk and Sowerby Harriers, 37 Sycamore Drive, Thirsk, North Yorkshire, YO7 3NW.

New/return	Paid	UKA	T+S d/b	Email	Champs
------------	------	-----	---------	-------	--------