



Individual Membership form

Please complete the form in Capitals in BLACK ink

| | | | | | | | | | | | | | | | | | | | | | |
|-------------------------|----------------|--------------------------|--------|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Club Name | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| Personal Details | | | | | | | | | | | | | | | | | | | | | |
| First Name | | | | | | | | | | | | | | | | | | | | | |
| Other Names/Known as | | | | | | | | | | | | | | | | | | | | | |
| Surname | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth | DD / MM / YYYY | | | | | | | | | | | | | | | | | | | | |
| Gender | Male | <input type="checkbox"/> | Female | <input type="checkbox"/> | | | | | | | | | | | | | | | | | |

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|---|-------------------------|--------------------------|-----------------------|--------------------------|---------------|--------------------------|-------|--------------------------|-------|--------------------------|---------------------|--------------------------|--|--|--|--|--|--|--|--|
| Ethnicity (please tick as appropriate) | | | | | | | | | | | | | | | | | | | | |
| White | English | <input type="checkbox"/> | Scottish | <input type="checkbox"/> | Welsh | <input type="checkbox"/> | Irish | <input type="checkbox"/> | Other | <input type="checkbox"/> | | | | | | | | | | |
| Mixed | White & Black Caribbean | <input type="checkbox"/> | White & Black African | <input type="checkbox"/> | White & Asian | <input type="checkbox"/> | Other | <input type="checkbox"/> | | | | | | | | | | | | |
| Asian | Indian | <input type="checkbox"/> | Pakistani | <input type="checkbox"/> | Bangladesh | <input type="checkbox"/> | Other | <input type="checkbox"/> | | | | | | | | | | | | |
| Black | Caribbean | <input type="checkbox"/> | African | <input type="checkbox"/> | Other | <input type="checkbox"/> | | | | | | | | | | | | | | |
| Chinese | Chinese | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | |
| Other Please Specify | | | | | | | | | | | Prefer not to state | <input type="checkbox"/> | | | | | | | | |

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|------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Contact Details | | | | | | | | | | | | | | | | | | | | |
| Address | | | | | | | | | | | | | | | | | | | | |
| Area | | | | | | | | | | | | | | | | | | | | |
| Town/City | | | | | | | | | | | | | | | | | | | | |
| County | | | | | | | | | | | | | | | | | | | | |
| Post code | | | | | | | | | | | | | | | | | | | | |
| Home Telephone | | | | | | | | | | | | | | | | | | | | |
| Mobile Telephone | | | | | | | | | | | | | | | | | | | | |
| Email | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |

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|--|--------------------------|-----------------|--------------------------|
| Club Status | | | |
| <i>Please tick what status the athlete is to the club:</i> | | | |
| First Claim | <input type="checkbox"/> | Second Claim | <input type="checkbox"/> |
| Higher Competition | <input type="checkbox"/> | Foreign Athlete | <input type="checkbox"/> |

| | | | |
|--|--------------------------|-------------------|--------------------------|
| Volunteer Status | | | |
| <i>Please tick what status of volunteer:</i> | | | |
| Club Officer | <input type="checkbox"/> | Helper | <input type="checkbox"/> |
| Coach | <input type="checkbox"/> | Technical Officer | <input type="checkbox"/> |