

HAVERHILL RUNNING CLUB
BEGINNERS COURSE MEMBERSHIP APPLICATION 2012



Personal information

Name: _____ Date of birth: _____ Male/Female: _____

Address: _____

Tel (home): _____ Tel (Mobile): _____

Email address: _____

Emergency contact information

Name: _____ Tel: _____

Health. Please inform us of any relevant medical conditions, injuries etc, which may affect you while running:

Haverhill Running Club will use your personal information for club administration purposes only. We will send occasional emails to keep you informed of club activities. Certain information will be passed to England Athletics for the purpose of obtaining your individual competition licence. All personal information will be handled in line with the Data Protection Act 1998.

Membership applied for (minimum age 16 years): Beginners course (including annual membership) £40

I apply for membership of Haverhill Running Club and I agree to abide by the club constitution. I certify that the above details are correct, and that I will notify the Membership Officer of any changes. Haverhill Running Club will not be liable for any injury or illness resulting from my participation in the sport.

Signed: _____ Date: _____

Please return the completed form and appropriate fee to: Kim Gregory, 4 Augustus Close, Haverhill, CB9 0NJ
Make cheques payable to 'Haverhill Running Club'.

Gift Aid Declaration

Payer Name:

I would like the tax to be reclaimed on any eligible donations or subs that I have ever made or will make to Haverhill Running Club until further notice. I confirm that I pay an amount of tax at least equal to the tax reclaimed.

Signature: _____ Date: _____