



ADULT MEMBERSHIP FORM 2024/25

Membership Secretary:
Lyndsey Wilson
27 Steeple Drive, Brooksby
Leicestershire LE14 2DA
E: Lyndseyw@hotmail.com

(For the year March 1st - 28th Feb) Membership is open to all groups of the community

NAME <small>(Please print in BLOCK CAPITALS and use both rows if needed)</small>	DATE OF BIRTH <small>(DD/MM/YY)</small>	DATE JOINED <small>(MM/YY)</small>	EMAIL ADDRESS <small>(Please write in BLOCK CAPITALS and continue over all 3 rows if needed)</small>	1 st or 2 nd Claim

ADDRESS.....
.....

Post Code..... Contact Phone No.....

ADULT MEMBERSHIP / REGISTRATION FEES	£	Official Use Only
Affiliated Adult Runner @ £44.00 *		
Non-Affiliated / 2nd Claim Runner @ £25.00		
Social (Non Runner) Member @ £0.00		
*£19.00 of this is for Affiliation Fees to England Athletics (EA) TOTAL		

NB: If you are, or have been, a member of another club and previously registered with England Athletics, please supply the club name:

MEDICAL INFORMATION Please inform any important medical information or disabilities that our coaches / run leaders / coordinators should be aware of (e.g. epilepsy, asthma, diabetes etc.) before any club night / running event. Please tick box

EMERGENCY CONTACT DETAILS
Please indicate person/s who should be contacted in case of an accident / incident :-

Contact Name/s	Emergency Contact No/s
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Any information given will not be shared with any outside organisation, except for England Athletics for affiliation purposes, and when necessary any governing bodies, race organisations/leagues for entering or producing/storing results. Your data will be shared within the club for planning/organising/training/racing and social events. Information held by the club may be kept for up to 2 years after a member has resigned from the club

Please accept my application for Wreake Runners membership. I agree to abide by the rules / policies of the Club and agree that neither the Club nor any of its officers shall be responsible for any claim relating to accident, injury, damage or loss sustained by me during any Club activity. **NOTE: Adult means over 18 years of age**

Signed:..... Date:...../...../.....

Please tick box if you **DO NOT** wish photographs or information to be used on the internet or other media

Please return form to Lyndsey Wilson ASAP
Payment to be made by Bank Transfer to Wreake Runners,
Sort Code: 20-52-69, Acc. No.: 10001007 and would ask you to supply the following:-

Date of Transfer	Amount	Reference used (suggest surname and initial of member)