

Individual Membership form

Please complete the form in Capitals in BLACK ink

Club Name	<table border="1"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																																																	
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Other Names/Known as	<table border="1"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																																																	
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Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>																																																	

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	<input type="text"/>									Prefer not to state	<input type="checkbox"/>

Contact Details

Address	<table border="1"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																																																	
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Club Status

Please tick what status the athlete is to the club:

First Claim	<input type="checkbox"/>	Second Claim	<input type="checkbox"/>
Higher Competition	<input type="checkbox"/>	Foreign Athlete	<input type="checkbox"/>

Volunteer Status

Please tick what status of volunteer:

Club Officer	<input type="checkbox"/>	Helper	<input type="checkbox"/>
Coach	<input type="checkbox"/>	Technical Officer	<input type="checkbox"/>