BUXTON AND DISTRICT ATHLETIC CLUB
Membership Application Form

Type of membership required: *Senior / *Second Claim

Personal Details

Title:	Surname:	Forename(s):	Gender: M / F
Address: Postcode:			
Date of Birth:		**Ethnic Origin: (NoEAA request)	
Details of any Disabilities/Allergies/Medical Conditions (e.g. Diabetes):			

** Bangladeshi, Black (UK), Black (Caribbean), Black (African), Chinese, Indian, Pakistani, White (European), White (UK), White (Non-European), Other

Contact Details

Home Phone:		Fax:	
Work Phone:		E-mail:	
Mobile Phone:			

Membership of Other Clubs

Other clubs of which you are a member	Status: i.e. First/Second Claim	Date of resignation from previous club

Disciplines in which you are interested (please tick)

Cross Country		Fell and Hill	
Road Running		Track & Field	

Coach Qualification

Level	
Event(s)	

I confirm that I am eligible to compete under UK Athletics Rules. I *accept / *do not accept that my personal data will be held on a computer by the club. I *agree / *do not agree to the disclosure of my personal data in a list of members and to the North of England Athletic Association.

I agree to abide by the Rules and Regulations of Buxton and District Athletic Club and agree to give written notice should I wish to resign my membership.

Fee to accompany application. Payment by *cash / *cheque: Amount _____
(*Cheques made payable to **Buxton and District AC***)

Signed: _____ Date:_____

**delete as appropriate*

2006-02-06