



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

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

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"/>