Stowmarket Striders Running Club

Membership Form

Membership of the Club is open to anyone interested in the sport regardless of sex, age, disability, ethnicity, nationality, sexual orientation, religion or other beliefs.

Please complete the Membership Form below and pass this to the Club Secretary together with your membership fee.

Personal Details

Name

Address 1

Address 2

Town

Post Code

Telephone Number

Mobile Number

Date of Birth

Team (Gender)

☐ Men's ☐ Ladies

Tick box if joining as 2nd claim membership ☐

E-Mail Address

Medical Details

Please detail any important medical information that we should be aware of: e.g. epilepsy, asthma, diabetes, etc,.

Emergency Contact Name:

& Telephone Number

Optional

Occupation

Please detail any sports or medical related skills and qualifications.

Please tick here if you would like your contact details to go into a Membership Contact Book available only to club members. ☐

I apply for membership of Stowmarket Striders Running Club and agree to abide by the rules of the club, the Equity Policy and the Codes of Conduct.

I also agree that the Stowmarket Striders Running Club will hold my details for the purpose of club administration and that minimal detail will be passed to England Athletics for the application of your individual Competition Licence. No details shall be passed on to 3rd parties other than those stated above.

Signature: …… Date: ……