

Individual Membership form

Please complete the form in Capitals in BLACK ink

Club Name	<input type="text"/>
Personal Details	
First Name	<input type="text"/>
Other Names/Known as	<input type="text"/>
Surname	<input type="text"/>
Date of Birth	<input type="text" value="DD / MM / YYYY"/>
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	<input type="text"/>
Area	<input type="text"/>
Town/City	<input type="text"/>
County	<input type="text"/>
Post code	<input type="text"/>
Home Telephone	<input type="text"/>
Mobile Telephone	<input type="text"/>
Email	<input type="text"/>

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 Official	<input type="checkbox"/>