



# MEMBERSHIP FORM 2017/18

Membership runs from 1st April to 31st March

## Personal Details

Full Name	
Address	
Post Code	
Phone Number	
Mobile Number	
Email Address	
Date of Birth (DD/MM/YYYY)	

## Emergency Contact Details

Contact Name	
Phone Number	

Please indicate if you have a medical condition that the club should know about.   
(This will only be circulated to the OS Runners coaches).

If yes, please give details below or speak in confidence with our coaches (Viv Alexander, Baz Newman, Mark Aston or Eddie Bulpitt)

## Organised Events

Please indicate which activities you would be interested taking part in

Mixed Ability <input type="checkbox"/>	Desk to 5k course <input type="checkbox"/>	5k to 10k course <input type="checkbox"/>
Group Run <input type="checkbox"/>	Handicap <input type="checkbox"/>	Parkrun <input type="checkbox"/>
Civil Service Races <input type="checkbox"/>	External Events <input type="checkbox"/>	Social Events <input type="checkbox"/>

## Membership Type

Please indicate if you wish to be a UK Athletics (UKA) affiliated member through OS Runners

If yes, please transfer **£14** into the following account (include your name as a reference):

Account No. 19206460  
Sort code 83-04-25

If you are already an affiliated member of a UKA club as first claim, please state the club name  
(You remain a member of your first claim club and are liable to pay club membership fees until you officially resign)

Club Name	
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If you wish to receive info about joining CSSC, please tick this box. CSSC membership entitles you to discounts from high street retailers and cinema tickets, as well as reimbursement of race entry fees up to £40 per year.

## Data Protection

Your details will be kept on a computer for club purposes. It will also be passed to UK Athletics for inclusion on their new registration database (If UKA registered).

We may from time to time wish to use named photos to identify you individually to others via our newsletter or website. If you do **not** wish your photo to be used for this purpose, please tick this box.

Signed

Date

## Office Use Only

Membership form fully completed	
Cheque/ Cash received	
Medical information given	
Date joined - for renewals this will already be recorded (DD/MM/YYYY)	