

Membership Application/Renewal Form 2013

Personal Details							
	Forename		Surname				
Name:							
Gender:	Male	Female	D	.O.B.			
	Tick as appropr	iate		Day	Month	Year	
Address:	Line 1						
	Line 2						
	Town						
	County			Po	ostcode:		
				_			
Tel (Home):			Mobil	le:			
				. —			
Email:			BTF No(if know	n):			
Medical & Eme	rgency Details						
Medical Conditions: Emergency Contact Name:							
		Emergency	Contact Tel No:				
Membership Type and Fees							
Qty						Fee	
Individual (18 years or above):						£ 30.00	
Couple:						£ 50.00	
Unemployed/full-time student (18 years or above): £ 20.00							
Swim subs (Jan	– Jun)					£ 20.00	
Swim subs (Jul -						£ 20.00	
•	•			Subtotal:		£	
Discount (Membership fees will reduce to 50% after Aug 1):						£	
				Total		£	
Payment should be made directly into the bank account of: Mid Sussex Triathlon Club, 20-49-76, 43272192. Please							
use your name as the bank reference. Alternatively, cheques should be made payable to Mid Sussex Triathlon Club							
	and given to Sharon Chladek along with this form.						

Terms and agreement of membership:

Membership fees must be paid & a commitment that you will give at least 5 hours of your time to assist in duties for the club in 2013.

Please sign here to confirm agreement		Date:
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