

## Membership Application/Renewal Form 2014

Personal Details					
	Forename		Surname		
Name:					
			L		
Gender:	Male	Female	D.O.B.		
	Tick as	appropriate		ay Monti	h Year
				,	
Address:	Line 1				
710010001	Line 2				
	Town				
	County			Postcode:	
Tel (Home):			Mobile:		
Email:			BTF No(if known):		
Medical & Emergency Details					
Medical Conditions: Emergency Contact Name:					
		Emerge	ncy Contact Tel No:		
Membership Type and Fees					
Wiembersinp .	ype und rees			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)					£ 30.00
Swim subs (Jul					£ 30.00
			Subtotal:		£
Discount (Membership fees will reduce to 50% after Aug 1):					£
			Total		<u>£</u>
Doument should be made directly into the head account of Baid Corner Triathless Clab 20 40 70 40270402 Division					
Payment should be made directly into the bank account of: <b>Mid Sussex Triathlon Club</b> , <b>20-49-76</b> , <b>43272192</b> . Please use your name as the bank reference. Alternatively, cheques should be made payable to <b>Mid Sussex Triathlon Club</b>					
and given to <b>Pete Harris</b> along with this form.					
and pirents to the trains 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					
		& a commitment that	you will give at least 5 hours of y	our time to ass	sist in auties for
the club in 201	L4.				