SHEFFIELD CITY KAYAK CLUB

MEMBERSHIP FORM

o	be	completed	by	Membership	Secretary
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Membership No / Club Expiry year

WHERE EVERYONE MATTERS WWW.S	heffieldcitykayakclı	ub.co.uk				
Please complete this form in BLC Secretary or a Committee Membe		return with the c	correct fee to t	he Member	ship	
Membership Category (1 Full / 2 Fa	amily / 3 Concession / 4	Other [provide de	etail]):			
From time to time photographs are taker to be included in these, please tick this b		pose of publicity. If	you do not wish			
Member Details Surname: Address inc Postcode	First Name:			Date of birt	h:	
Telephone No:		Emergency Tel No/	Name:			
<u>VERY IMPORTANT</u> - E-mail address:	_					
British Canoeing (BC) Member:	BC membersh	nip type / number (if	applicable):			
If you hold any BC (formerly BCU) qualif	ications or awards, please	list below: -				
FAMILY & Couples						·
Name and Date of Birth of each family member	er and BC qualifications held					
1 DOB:	BC:	2		DOB:	BC:	
3 DOB:	BC:	4		DOB:	BC:	
5 DOB:	BC:	6		. DOB:	BC:	
I enclose payment in the sum of £ Form of payment (delete as applicable):	-	should be made pay Payment receive	yable to Sheffield d by:		lub	
IMPORTANT: Have you ever been refuse	· ·	_	-		NO]
If 'YES', please provide date an	•				•••••	
Prospective members or those renewing participating in club activities or events. Visitors seeking temporary membership					•	
		gir air indenninty ea	cir time they wish	i to participat	c.	
I, the undersigned declare that I, and anyone 1 understand that Canoeing and		sk Water Contact Sr	norts that may ca	rry attendant	RISK.	
participants should be aware o		•		-	•	
2 confirm that any medical condition	-	•			ioni,	
is provided on the back of this for	-	paddiesport are deci	area ana necessar	y detail		
3 agree to abide by the constitut	,	by Sheffield City Ka	ayak Club			
N.B. The person signi	ng this form MUST be at le	ast 18 years of age				
Signed:		Date:				
The information on this form is to be held on	the club/BC database only in	strict confidence and	will not be disclos	ed to any third	parties	
2	Manahanahin Da	! - 4			R	1



Full Family

Concession Youth Affiliated Restricted

Membership Receipt

Name: £ Received on:

Payment Received by:

E S T I C T E





