

# NEWMARKET JOGGERS MEMBERSHIP FORM



2009/2010



## PERSONAL INFORMATION

Other     Mr.     Miss  
 Mrs.     Ms.

Full Name:

Address:

Postcode:

Telephone (HOME)

Telephone (MOBILE)

Sex:

M     F

Date of Birth: MM/DD/YY

Age:

Email:

If a member of another running club please give details:

## IN CASE OF EMERGENCY

Name of friend or relative:

Relationship:

Phone Number:

Allergies/Special Health Considerations (if applicable)

I apply for membership of Newmarket Joggers Running Club and agree to abide by the rules of the club. I also agree that Newmarket Joggers will hold the above details for the purpose of club administration and that minimal detail will be passed to England Athletics for the application of my individual Competition Licence. No details shall be passed on to 3rd parties other than those stated above.

Member Signature

Date

PLEASE COMPLETE AND RETURN TO: JENNIE GRIMWOOD, 80 DRINKWATER CLOSE, NEWMARKET, CB8 0QW

Along with **£20 membership fee**, cheques made payable to **Newmarket Joggers**

