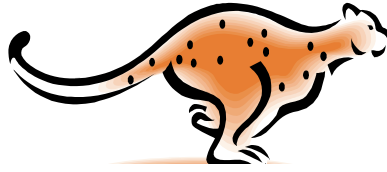


CAPEL CHEETAHS



2012 MEMBERSHIP APPLICATION FORM

Full Name.....

Address

Vest Size

Home Telephone Number

Mobile Telephone Number

Email Address

Date of Birth

Name of Next of Kin.....

Address.....

Contact Numbers

I confirm I have read and understand the rules of the club and agree that the club has the right to terminate my membership for any breach of the rules.

I confirm that Capel Cheetahs Running Club will not be held liable for any discomfort or injury that I may suffer as a result of club activities.

I have paid my annual subscription and I understand that I must produce my membership card on request. Annual Membership £20.00 adults £10.00 concessions. Club Vest £5.00

Signature Date

Membership Number for office use

Please give details of any medical information that the club should be aware of (e.g. epilepsy, asthma, diabetes etc.)

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