

# Rugeley Runners Club Membership Application

Name	Surname
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Address
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Email
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Telephone
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Date of Birth
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Contact In case of Emergency
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<b>Medical Conditions</b>
<b>Medication Taken</b>
<b>Blood Group</b>
Please indicate if you require a medical card stating your emergency details whilst running      Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>Unaffiliated Rugeley Runners Membership</b>
I wish to apply for membership of Rugeley Runners and I agree to abide by the club rules.
Signed: _____ Date: _____

<b>EA Affiliated &amp; Rugeley Runners Membership</b>
Please indicate if you are a member of another club      Yes <input type="checkbox"/> No <input type="checkbox"/>
Please state which club <input type="text"/>
I wish to be registered with England Athletics (EA) as a competing member.      Yes      No
I give my permission for my personal details to be forwarded to England Athletics.      Yes      No
I wish to apply for membership of Rugeley Runners and I agree to abide by the club rules and the rules of competition as defined by England Athletics and ARC.
Signed: _____ Date: _____

<b>Joining Fees</b>	
Unaffiliated Membership £15 <input type="checkbox"/>	Affiliated Membership £25 <input type="checkbox"/>