





## Individual Membership form

Please complete the form in Capitals in BLACK ink

Club Name																				
<b>Personal Details</b>																				
First Name																				
Other Names/Known as																				
Surname																				
Date of Birth	DD / MM / YYYY																			
Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>																

<b>Ethnicity (please tick as appropriate)</b>																			
<b>White</b>	English	<input type="checkbox"/>	Scottish	<input type="checkbox"/>	Welsh	<input type="checkbox"/>	Irish	<input type="checkbox"/>	Other	<input type="checkbox"/>									
<b>Mixed</b>	White & Black Caribbean	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>	White & Asian	<input type="checkbox"/>	Other	<input type="checkbox"/>											
<b>Asian</b>	Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Bangladesh	<input type="checkbox"/>	Other	<input type="checkbox"/>											
<b>Black</b>	Caribbean	<input type="checkbox"/>	African	<input type="checkbox"/>	Other	<input type="checkbox"/>													
<b>Chinese</b>	Chinese	<input type="checkbox"/>																	
Other Please Specify											Prefer not to state	<input type="checkbox"/>							

<b>Contact Details</b>																				
Address																				
Area																				
Town/City																				
County																				
Post code																				
Home Telephone																				
Mobile Telephone																				
Email																				

<b>Club Status</b>			
<i>Please tick what status the athlete is to the club:</i>			
First Claim	<input type="checkbox"/>	Second Claim	<input type="checkbox"/>
Higher Competition	<input type="checkbox"/>	Foreign Athlete	<input type="checkbox"/>

<b>Volunteer Status</b>			
<i>Please tick what status of volunteer:</i>			
Club Officer	<input type="checkbox"/>	Helper	<input type="checkbox"/>
Coach	<input type="checkbox"/>	Technical Officer	<input type="checkbox"/>