



SOUTH CHESHIRE HARRIERS

MEMBERSHIP APPLICATION FORM

First Name		Other Initials	
Surname		Gender (M / F)	
Address 1		Date of Birth	
Address 2			
Town			
County			
Postcode			

Home Phone		Mobile Phone	
Work Phone		Fax	
E-Mail			

Other Clubs of which you are a Member		First/Second Claim		Date of Resignation from previous Club	
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I confirm that I am eligible to compete under UK Athletics Rules.

I *accept / *do not accept that my personal data will be held on a computer by the Club.

I *agree / *do not agree to the disclosure of my personal data in a list of members and to the North of England AA.

I *agree / *do not agree that the Club may, from time to time, use photographs containing my image in Press Reports or Club publicity material.

(* Delete as applicable)

Signed.....

Date.....

Parent or Guardian.....
(if under 18)