

Loughton Athletic Club

APPLICATION FOR MEMBERSHIP 2015

Please note that this form only needs to be completed by **new** members

Name:							
Address:							
			Postco	de:			
e-mail:							
Telephone:							
Date of Birth:	Ge	nder:	Male/F	ema	le (delete as app	ropriate	
Place of Birth:							
contacted from time	ub undertakes to use this information for cl to time about club events and activities. Pl ontacted by the following means:			•		w if you	
	Post: Telephone:	E-mail					
I hereby apply to be declare that:	pe elected to membership of Loughton	Athlet	ic Club				
	en elected I shall abide by the Rules of	the Clu	b				
• I wi	sh to be registered for competitions wit sh to become a social/active* member			letics	Yes/No*		
* Please delete as	appropriate						
I am also a member following Athletic (er of the Clubs:						
igned:				Date:			
Signature of Parent/G	Guardian (If under 16):						
Please complete t	his form in full and send with a cheque	with a cheque Subscriptions for 2015					
1	ton Athletic Club" to:		Jubs	СПР	Less £15 if you do N		
Mic	chaela Davis	S	eniors	£47	wish to be registered England Athletics		
	Parkmead		16 10	COF	-	C1.C	
	ighton	1	16-18 er 16			£16	
ESS	ex IG10 3JW	Ond			Jocial Mellibe		
or Administrative U	lse						
		conded	by:				
Date of Election:		Chairman:					