 Whitchurch Triathlon Club

# Membership Application Form 2014/2015

**PLEASE COMPLETE IN BLOCK CAPITALS**

SURNAME: ……………………………………………… FIRST NAME: …………………………………….….

ADDRESS: ……………………………………………………………………………………………………..………..

………………………………………………………………………………………POSTCODE:………………….……...

DATE OF BIRTH: …………………………………………..

TELEPHONE - HOME: …………………………… MOBILE: ……………………………….…………..

EMAIL: ………………………………………………………………………………………………….……………..

LIST ANY OTHER CLUB/S YOU ARE CURRENTLY A MEMBER OF:

1. ……………………………………………………………………………………………….…………..

2. ………………………………………………………………………………………………….………..

3. ……………………………………………………………………………………………….…………..

I AGREE to images of myself [adult] / my child being displayed on the website (which may include the Whitchurch Triathlon Club Facebook page).

I DO NOT agree to images of myself [adult] / my child being displayed in any way.

The information entered on this form and other data collected during your period of membership will be used by the officers of the club for the purpose of processing your application and dealing with you as a member. We may also share the information with the BTF/ASA and event organises for registration entry and statistical purposes but we will not disclose it to any third party for marketing or commercial purposes without your permission.

By signing this form you consent to the use of your/your child’s personal data in this way.

SIGNATURE OF MEMBER: ………………… Date....................................

SIGNATURE OF PARENT/GUARDIAN: ……………………………. Date.....................................

(If member under 16 yrs)

**PLEASE INDICATE MEMBERSHIP REQUIRED:**

□ FULL CLUB MEMBER (Committee/Coach - NO charge)

□ FULL MEMBER adult &/or junior (£25 individual adult and/or£15 junior member)

□ FAMILY MEMBERSHIP (£50 family membership\*)

**\* Please submit a membership form for each member of the family**

Please return application (**and consent form for juniors**) and payment to: **David Wilson** Please make cheques payable to ‘**Whitchurch Triathlon Club**’.