

## **Individual Membership form**

Please complete the form in Capitals in BLACK ink

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Club Name													
Personal Details													
First Name													
Other Names/Known as													
Surname													
Date of Birth	DD/M	M /	YYY	Y									
Gender	Male	Fer	male										
Ethnicity (please tick as appropriate)													
White	English			Scottish			Wels	sh		Irish		Othe	r
Mixed White 8	White & Black Caribbean White & Black Caribbean			nite & Black African			White & Asian						
Asian	Indian		Pakistani				Bangladesh						
Black	Caribbean			African			Othe	er					
Chinese	Chinese												
Other Please Specify										Pre	fer not	to stat	e
				-									
Contact Details													
Contact Details Address													
Address													
Address Area													
Address Area Town/City													
Address Area Town/City County													
Address Area Town/City County Post code													
Address Area Town/City County Post code Home Telephone													
Address Area Town/City County Post code Home Telephone Mobile Telephone													
Address Area Town/City County Post code Home Telephone Mobile Telephone Email				Volu	unteer	Statu	s						
Address Area Town/City County Post code Home Telephone Mobile Telephone	athlete is to th	e club:			unteer ase tick			us of	volun	teer:			
Address Area Town/City County Post code Home Telephone Mobile Telephone Email  Club Status Please tick what status the	athlete is to the	e club:		Plea		k what		_	volun	teer:			

Data provided on this form will be stored on a database managed on behalf of England Athletics by Athletics Services. Personal contact information will be used to send a competition licence / membership card and seek appropriate data clearances.