



Membership Year 2009 /2010

Membership Number

Name	Name changes	Date of Birth (DoB)	DoB changes

Address _____
Tel No _____

This membership expires on 30th September 2010

I Wish to apply for/renew my membership for

Family	<input type="checkbox"/>	Adult & Child	<input type="checkbox"/>	Adult only	<input type="checkbox"/>
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Please make cheques payable to <u>Rushcliffe Swimming Club.</u>	Full Year	£45-00	<input type="checkbox"/>	£30-00	<input type="checkbox"/>	£15-00	<input type="checkbox"/>
	Jan to July	£30.00	<input type="checkbox"/>	£20.00	<input type="checkbox"/>	£10.00	<input type="checkbox"/>
	Easter to July	£15.00	<input type="checkbox"/>	£10.00	<input type="checkbox"/>	£5.00	<input type="checkbox"/>

I Will ensure that *We/I/They/He/She will abide by the rules. Signature.....

2. HEALTH & SAFETY

To the best of my knowledge no-one named above is suffering from any disability, illness, which could make swimming unsafe.
I have specified overleaf any such conditions of which the club should be aware of and I will inform the child's teacher of any such condition.

3. MEMBERS INVOLVEMENT

Please indicate if you would prefer to pay by standing order For Against

Please also provide any E-mail address on which you wish to be contacted: (Please print clearly)

Address 1 _____

Address 2 _____

4. PAYMENT OF SUBSCRIPTION - appropriate subscription to accompany this completed application form

FOR CLUB USE ONLY

CHEQUE/CASH RECEIVED

COMMITTEE MEMBER'S SIGNATURE DATE

Membership Secretary Michael Day
5 Studland Way, West Bridgford, Nottingham, NG2 7TS Tel No 01159 825668

PLEASE ADD ANY KNOWN MEDICAL CONDITIONS OVERLEAF



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NAME	MEDICAL CONDITION