



# Membership form 2010

To ensure that we have the correct contact details for you please insert the information below and return this form, with payment (please make cheques payable to Celtic Tri) to the address below. We will keep details of all members on computer but your details are not intentionally shared with any other organisation.

**Membership of Celtic Tri runs from January to December within each year. For new members joining after 20<sup>th</sup> September 2009, membership will run until 31<sup>st</sup> December 2010**

Membership Secretary – Karen Grey, 19 Lon Dan Y Coed, Cockett, SWANSEA,  
SA2 0TU Phone - 07710834839 email kegrey@ntlworld.com

Please tick relevant category of membership required -

<b>Adult</b> (over 18 years) <input type="checkbox"/> £16.50	<b>Senior</b> (over 60 years) <input type="checkbox"/> £6.00	<b>Junior</b> (10-17 years) or full time education <input type="checkbox"/> £6.00	<b>Family</b> (please complete separate form for each member) <input type="checkbox"/> £33
<b>If you wish to become affiliated to AAW via Celtic Tri please tick here</b> <i>An application for AAW will be forwarded to you seperately. The cost is £5 per year – please include this with your cheque for Celtic Tri membership</i>			<input type="checkbox"/>

## Personal details of member

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Gender: M / F

Full Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Telephone (home) \_\_\_\_\_ Mobile \_\_\_\_\_

Email address (please print clearly) \_\_\_\_\_

Are you a WT/BT member? (please circle) YES / NO If yes WT/BT number \_\_\_\_\_

Other Club Memberships (1) \_\_\_\_\_

(2) \_\_\_\_\_

Do you consider yourself to have a disability? Yes / No

If yes is the nature of your disability – (please circle) Visual Impairment Hearing Impairment Physical Disability Multiple Disability Learning Disability

Other (please specify) \_\_\_\_\_

Medical information – please detail any important medical information that our coaches/club should be aware of (eg epilepsy, asthma, diabetes).

**Emergency contact – Name** \_\_\_\_\_ **Phone No** \_\_\_\_\_

**Note** – all club members are expected to offer their help or to provide someone to help during at least one of the events organised by the club. This can either be on race day or the day beforehand to set up the course.

Please tick if you are willing to be contacted by the Club Race organiser for each of the Club Events. YES / NO

Do you consent to your details being stored on the club membership database? YES / NO

Do you consent to any club photos including your image to be used on the website or promotional material? YES / NO

Signature (for Junior members this should be signature of parent/guardian)

\_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Club Secretary Use

Date details added to membership database	Payment details	Details added to newsletter circulation
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