



SUTTON-IN-ASHFIELD HARRIERS & AC

Membership Secretary- Phillip Bird, 72 Park Street, Kirkby - in - Ashfield, Notts, NG19 8DT

Tel 01623 455740, Email – membership@sutton-in-ashfield-harriers.co.uk

Web Site www.sutton-in-ashfield-harriers.co.uk

Office Use	
Date	
Cheque number	
Bank Receipt	
EA	D Base

Sutton in Ashfield Harriers & AC welcome people from all areas of the community irrespective of ability, disability, marital status, race, religion, gender, sexuality or national origin.

MEMBERSHIP PROPOSAL AND APPLICATION

Name	Gender male / female
Address	Date of birth Age County of birth
Telephone numbers Home Mobile Email	What School/College do you attend? Work
Name of any other Athletics Club of which you are a member Will Sutton Harriers be your 1 st claim or 2nd claim club? If resigned from another club, name of that club & date of resignation	Ethnic Origin (please state) Disabilities (please state) Athletic qualifications e.g. coach/official/first aid

ANNUAL MEMBERSHIP SUBSCRIPTION Cheque payable to SUTTON-IN-ASHFIELD HARRIERS & AC
Fees are payable at the time of application. Please indicate the appropriate amount. If your application is not accepted the fee will be refunded.

Under 11 yrs	17 yrs and Under	Concessions	Senior	Family
£ 10	£ 18*	£ 25*	£ 30*	£ 35 + £5 per competing member

Ages as of 1st April *including England Athletics Registration (all members over 11 yrs)

MEMBERS ALSO PAY 50p PER SESSION TOWARDS HIRE OF THE FACILITIES USED BY THE CLUB Track / field / gyms / changing rooms / toilets / showers(NON-MEMBERS PAY £1 PER SESSION)

TOTAL AMOUNT ENCLOSED : MEMBERSHIP SUBS £ _____

I WISH TO APPLY FOR MEMBERSHIP OF SUTTON-IN-ASHFIELD HARRIERS & AC, INCLUDING REGISTRATION OF THE MIDLAND COUNTIES ATHLETICS ASSOCIATION. I DECLARE MYSELF AN AMATEUR UNDER THE RULES OF UK ATHLETICS. IF ELECTED TO THE CLUB I WILL CONFORM TO THE CLUB RULES. I UNDERSTAND THAT IF I TRAIN OUTSIDE OF CLUB HOURS WITHOUT MY COACH PRESENT, I WILL NOT BE COVERED BY UK ATHLETICS INSURANCE. SHOULD I WISH TO RESIGN MY MEMBERSHIP AT ANY TIME I AGREE TO GIVE WRITTEN NOTICE OF MY INTENTION TO DO SO, AND ENSURE THAT I AM NOT IN ANY FINANCIAL DEBT TO SUTTON-INASHFIELD HARRIERS & AC

Signature of member (+ Parent/guardian if under 17yrs) _____ Date _____

Proposed by _____ Seconded by _____ Date of election _____