

**Registered Charity**

**No. 1127057**

**Membership form for New Members 2017**

# Completed Membership Form and correct payment should be handed to the Membership Secretary: Gloria Clements, 56 Peregrine Drive, Sittingbourne, ME10 4UG

The subscription rates for **NEW** members for 2017 are as follows

|  |  |  |
| --- | --- | --- |
| Type of new membership  | Fee Payable  | Please Tick |
| **Senior Membership (Includes EA fee of £14).**  | £94 |  |
| **Junior (U18 on 1st Sept) Membership (Includes EA of £14).** If DOB after 31.08.2006 deduct £14 | £84 |  |
| **Family Membership** add £14 for each competitor (3 or more members, must include 1 adult) | £140 |  |
| **No Track Use** (for those not using club facilities) | £45 |  |
| **University Student** | £30 |  |
| **Use of facilities –** Training only | £100 |  |
| **Second Claim**  | On request |  |
| **Road Runners only**  | £25 |  |

All enquiries please contact Gloria mandmacmemberships@gmail.com

Amount enclosed £…………….cash/BACS/cheque (made payable to Medway & Maidstone A.C.) Cheque no………………………….

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# Welcome to Medway and Maidstone AC

Please complete the membership form completely as all the information is recorded in a central record. Information will be passed to Team Managers and Committee Members.

All athletes must be registered with England Athletics, our national body, the fee is shown above and the club collect it on their behalf.

You will be sent a club membership card in due course and your EA registration number will be sent to you direct from EA.

**Fully paid members will be expected to compete for the club and be able to use the club facilities; non-competing athletes will be asked to pay an extra fee for training only.**

**Please complete this form IN FULL (please write clearly) to ensure that we have the correct details for you.**

If you are under 16 please ask your parents or guardian to sign the form before it is returned.We will use this information to ensure that you are kept informed about club events.

**MEDWAY & MAIDSTONE ATHLETIC CLUB**

**Club Membership Information Form**

**PLEASE COMPLETE IN FULL**

**PERSONAL DETAILS**

Name: …………………………………………………………………........................................................

Address: …………………………………………………………..............................................................

Post Code: …………………………………………………………………………………….………………

Home telephone number: ……………………………………………………………………………………

Mobile telephone number: …………………………………………………………………….....................

E-mail address: …………………………………………………………………………………....................

***Note*: *If you are under 16 your contact details should be that of a parent or guardian. The email will be used to send you club news and information.***

***The above contact details will be given to team managers for the purpose of team selection.***

Date of birth: ……………………………………………….

Gender: Male Female *please tick as appropriate*

**Name of coach**: …………………………………………………………………………………………….

Training Venue: …………………………………………………………………………………….............

School or university: ………………………………………………………………………………………..

Preferred events: ……………………………………………………………………………………………

Town and Country of Birth: ………………………………………………………………………………..

Nationality: …………………………………………………………………………………………………..

If not born in Kent, date of residence: ……………………………………………………………………

If this application is for a second claim membership, please give the name of your first claim club and your England Athletics Registration Number:

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If previously a member of another club, please give the name of your former club:

......................................................................... Date of Resignation: ……………………………..

**MEDICAL INFORMATION (*This section MUST be completed).***

Do you or does your son/daughter/child in your care have any medical condition of which our coaches/team managers or junior co-ordinator (if applicable) should be aware of (e.g. epilepsy, asthma, diabetes, etc.)

Yes No *please tick as appropriate*

If “Yes” please give details: ...............................................................................................................

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**This section is only applicable if you are the parent/guardian of a club member under 16).**

By returning this completed form, I agree to the son/daughter/child in my care taking part in the activities of the club.

I understand that I will be kept informed of these activities - e.g. timing and transport details.

I understand that in the event of injury or illness all reasonable steps will be taken to contact me, and to deal with that injury/illness appropriately.

Name of parent/guardian: .......................................................................................................

Date: ……………………………………………..

Emergency Contact Number: .................................................................................................

**Code of Conduct for Athletes and Parents**

**The Codes of Conduct for Athletes and Parents can be found in sections 4 and 5 of the Welcome Pack on the home page of the Medway & Maidstone Athletics Club** [**http://www.mandmac.org/index.html**](http://www.mandmac.org/index.html)

I have read, understood and agree to abide by the code of conduct for athletes and

code of conduct for parents (if applicable). I agree to abide by the rules and regulations

as laid down by the club constitution.

Signature of athlete *(or parent/guardian if under 16)* ……………………………………………

Date: …………………………………………

**VOLUNTEERS**

All those who run the Club, Coach, Officiate, Team Managers etc. are all unpaid volunteers. Without volunteers, the Club could not survive. So if you or your child are enjoying your/their time with the Club, why not give something back – your time.

Please indicate which you would be willing to help with

Assistant Coach Assistant Official

Administration Refreshments

Team Manager Committee Member

Other Expertise that could be useful:

(please specify): ………………………………………........................................