 AFFILIATED MEMBERSHIP APPLICATION 2020/2021

Name .................................................................................................................................. (Please Print)

Address .............................................................................................................................................................

.................................................................................................................. Postcode ........................................

Home Telephone Number ................................................................................................................................

Mobile ..............................................................................

Email Address: .................................................................................................................................................

Age at 1 April 2020: ……………….. DOB …….. /…….. /…….. Gender: …………………………........

Membership Groups:

* Annual Subscription - £47:00 (ends 31:03)

(Adult First Claim 18 or over on 31:08:2020

& not belonging to any other club)

* Annual Subscription - £40:00 (ends 31:03)

(Adult Second Claim 18 or over on 31:08:2020

& affiliation is with another club)

* Post 16 - £37:00 (ends 31:03)

(member who is over 16 & in full time education)

* Junior member - £32:00 (ends 31:03)

(member under the age of 17 as at 31:08:2020

* Family Membership – Annual Subscription £118:00 (ends 31:03)

(2 Adults & 1 Child under the age of 18 or in

full time education)

* Social Membership - £10:00

England Athletics Number (if applicable/known) ..............................................................................................

I consent to these details being held by the Club Secretary and being disclosed to:

1. England Athletics for the purposes of membership and
2. My email address being disclosed to all members of the Club by way of an email list.

**Membership of another Athletic/ Running Club**

Name of any Previous Club ……………………………………………………………………………………………

Status: FIRST or SECOND claim ……………………………………………………………………………………..

**Medical declaration**

Please detail in the box below any important medical information we should be aware of.

For example, please indicate if you suffer from epilepsy, asthma, diabetes etc. All medical information will be treated confidentially but we may pass information to the Club Coach and/

or Trainers.

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**Contact in an Emergency**

Contact Name ……………………………………………………………………………………… (Please Print)

Relationship to you ………………………………………………………………………………...

Emergency phone number(s) …………………………………………………………………….

By signing and submitting this form, I am applying for membership of the running club known as Jogging Made Easy Colchester (JME) and declare that the information above is correct.

I agree to abide by the terms of the club’s constitution and any other additional rules and requirements of the club's management.

I understand and agree that 1) I will run with the club and participate in any events entirely at my own risk and that I must undertake personal care and responsibility for my own health, fitness and for any of my property. 2) the club and or its management or its leaders will not be legally responsible for any proven injury, loss and or damage sustained by me to my person or to any property however caused even if by negligence – except that liability will be accepted only for personal injury to me in circumstances where it can be established in law that the club and or its management and or its leaders have been negligent.

The club constitution, any additional rules and requirements of the club management, the current annual fee for membership together with details of the club’s officers, are all published on the club’s website. Please contact the Membership Secretary for clarification of the fee if you join part way through a club year.

Membership fees can be made by electronic bank transfer to our club bank account, details upon request, Cheque or Cash.

Application Made By: …………………………………………………………………………………………………...

(PLEASE PRINT)

Date: …….. / …….. / …….. Signature: …………………………………………………………….