

Kippax and District Harriers



Founded in 1983

Application For Membership

Name	
Address	
Post code	
Tel No.	
Date Of Birth	
Email address	

Name of Person to Contact in the event of an accident

_____ Tel No. _____

First Claims club (if other than Kippax) _____

Declaration: I certify that the above information is true and correct to the best of my knowledge and belief. I understand that membership is voluntary and at my own risk. I agree to abide by the rules and constitution of the club

Signed _____ date _____

Proposed By: _____ Date ; _____

Accepted by Committee Hon Sec : _____ Date: _____

Receipt of £ Membership Fee for _____ Paid to:

Signature of parent or guardian if under the age of 18

Name _____

Address if different from above

Note I authorise the above information to be held on computer database **yes/no**