



## **APPLICATION FOR MEMBERSHIP**

- |                                       |                                   |  |
|---------------------------------------|-----------------------------------|--|
| FULL <input type="checkbox"/>         | STUDENT <input type="checkbox"/>  | JUNIOR UNDER 12 <input type="checkbox"/> |
| SENIOR (65+) <input type="checkbox"/> | FIVE DAY <input type="checkbox"/> | JUNIOR 12-15 <input type="checkbox"/>    |
| YOUTH 18-21 <input type="checkbox"/>  | COUNTRY <input type="checkbox"/>  | JUNIOR 16-17 <input type="checkbox"/>    |
| YOUTH 22-25 <input type="checkbox"/>  | OVERSEAS <input type="checkbox"/> | HOUSE <input type="checkbox"/>           |
| YOUTH 26-29 <input type="checkbox"/>  |                                   |  |

1. TITLE ..... FULL NAME .....
2. PERMANENT ADDRESS .....  
.....  
POSTCODE .....
3. HOME TELEPHONE ..... MOBILE .....
4. EMAIL ADDRESS .....
5. DATE OF BIRTH .....
6. EMERGENCY CONTACT (Name) .....
7. EMERGENCY CONTACT (Phone) .....
8. PREVIOUS / CURRENT CLUB (if applicable) .....
9. HANDICAP (if applicable) ..... CDH NO. (if known) .....

SIGNATURE OF APPLICANT .....

DATE .....