



Individual Membership Form

Please complete the form in Capitals in BLACK ink

Club Name	G	A	R	S	T	A	N	G	R	U	N	N	I	N	G			
	C	L	U	B														

Personal Details

First Name																		
Other Names/Known as																		
Surname																		
Date of Birth																		
Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>														

Ethnicity (please tick as appropriate)

White	English	<input type="checkbox"/>	Scottish	<input type="checkbox"/>	Welsh	<input type="checkbox"/>	Irish	<input type="checkbox"/>	Other	<input type="checkbox"/>	
Mixed	White & Black Caribbean	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>	White & Asian	<input type="checkbox"/>	Other	<input type="checkbox"/>			
Asian	Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Bangladesh	<input type="checkbox"/>	Other	<input type="checkbox"/>			
Black	Caribbean	<input type="checkbox"/>	African	<input type="checkbox"/>	Other	<input type="checkbox"/>					
Chinese	Chinese	<input type="checkbox"/>									
Other Please Specify	<input type="text"/>							Prefer not to state	<input type="checkbox"/>		

Contact Details

Address																	
Area																	
Town/City																	
County																	
Post Code																	
Home Telephone																	
Mobile Telephone																	
Email																	

Club Status

Please tick what status the athlete is to the club:

First Claim	<input type="checkbox"/>	Second Claim	<input type="checkbox"/>
Higher Competition	<input type="checkbox"/>	Foreign Athlete	<input type="checkbox"/>

Volunteer Status

Please tick what status of volunteer:

Club Officer	<input type="checkbox"/>	Helper	<input type="checkbox"/>
Coach	<input type="checkbox"/>	Technical Officer	<input type="checkbox"/>