

**SAMPLE MEMBERSHIP FORM**

**Personal Details:**

Name: .....  
Male/Female: .....  
Age: .....  
Date of Birth: .....  
Address: .....  
.....  
Postcode: .....  
Tel (h): .....  
Tel (w): .....  
E-mail: .....

**Medical/Injury Details:**

Detail any medical conditions/allergies that we should be aware of?  
.....  
Please provide details of medication that must be administered:  
.....  
Do you have any past or current injuries that we should be aware of?  
.....  
If yes, please provide further details:  
.....  
These details may need to be passed on to .....  
(Insert name/s of coach, team manager, appropriate club staff).

**Emergency Contacts:**

Name: .....  
Address: .....  
.....  
.....  
.....

Postcode...  
Relationship: .....  
Tel (m).....  
Tel (h): .....  
Tel (w).....

**Previous Playing Career:**

School: .....  
.....  
Previous Clubs:  
.....  
County/ Regional/ National?  
.....

**SAMPLE MEMBERSHIP FORM (2)**

**Further information:**

Do you have a coaching qualification?

.....

If Yes, please provide details:

.....

.....

Do you have an official's qualification?

.....

If Yes, please provide details:

.....

.....

Would you be prepared to become a volunteer helper at our club?

.....

.....

If yes ..... our volunteer co-ordinator/ head coach will contact you.

Membership Fees:		
Member	Fee	Please tick
Senior	\$x	
Students	\$x	
Under 18's	\$x	
Non-Playing	\$x	

Signed: ..... Date: .....

**For members under 18:**

Parent or Guardian Name (block capital):

.....

Signed: .....

Date.....