



Membership Application/Renewal Form 2012

Personal Details

Name: Forename Surname

Gender: Male Female D.O.B.
Tick as appropriate Day Month Year

Address: Line 1
 Line 2
 Town
 County Postcode:

Tel (Home): Mobile:

Email Address:

BTF Number: *If applicable*

Medical & Emergency Details

Medical Conditions: Emergency Contact Name:
 Emergency Contact Tel No:

Membership Type and Fees

	Qty	Fee
Individual (18 years or above):	<input type="text"/>	£ 30.00
Couple:	<input type="text"/>	£ 50.00
Unemployed/full-time student (18 years or above):	<input type="text"/>	£ 20.00
Swim subs (Jan – Jun)	<input type="text"/>	£ 20.00
Swim subs (Jul – Dec)	<input type="text"/>	£ 20.00
Subtotal:		£
Discount (<i>Membership fees will reduce to 50% after Aug 1</i>):		£
Total		£

Payment should be made directly into the bank account of: **Mid Sussex Triathlon Club, 20-49-76, 43272192**. Please use your name as the bank reference. Alternatively cheques should be made payable to **Mid Sussex Triathlon Club** and given to Sharon Chladek along with this form.

Signature: _____

Date: _____