



MEMBERSHIP APPLICATION FORM
“Sporting Opportunities For All”

First Name Surname
..

Male Female AgeDate of Birth.
..

Address.
..

..

.. Post Code
..

Home Telephone. Work Telephone.
..

Mobile. Email.
..

Membership of other Athletics Club: First Claim Second Claim

Membership Status: Competing Coach Volunteer Social Official

I give/ I do not give (*delete as appropriate*) Doncaster Athletic Club my Permission to photograph my child for the purposes of publicising and promoting the club or sport, or as a coaching aid.

As a member of Doncaster Athletic Club, I agree to abide by the Club’s rules, Procedures and practices, Codes & constitution.

Signed. DATE.
..

Parent/ Guardian (Print Name).
..

Official Use Only

Membership Number. **Date of Membership.**
..
