



# KIPPAX HARRIERS



## Membership Form

Name	(Please indicate if Mr, Mrs, Miss or Ms).
Address	
Post Code	
Home Tel No.	
Mobile Tel No.	
Email address	
Date of Birth	

Membership type (please circle): First Claim                      Second Claim                      Social
First Claim Club (if other than Kippax): _____

Please make all cheques payable to '**Kippax and District Harriers**'

Emergency Contact Details:

Name \_\_\_\_\_ Tel No. \_\_\_\_\_

<p><u>Kit Requirements:</u> (Needed for races and club handicap races):</p> <p>Running Vest Price £20.00 Size Required: _____</p>
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Declaration:

- I certify that the above information is true and correct to the best of my knowledge.
- I understand that membership is voluntary and at my own risk.
- I agree to abide by the rules and constitution of the club.
- I agree to the information I have provided being stored on the club database, shared with other club members and for registration purposes.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Fee paid : Amount £ \_\_\_\_\_ Date \_\_\_\_\_

Confirmed by Membership Secretary \_\_\_\_\_

Date \_\_\_\_\_