



BRAINTREE & DISTRICT ATHLETIC CLUB

MEMBERSHIP APPLICATION/RENEWAL 2010



Please complete in BLOCK CAPITALS

Surname: _____ First names: _____

Address: _____

_____ Postcode: _____

Tel. No: _____ Date of birth: _____

Your current school or college name: _____ Year: _____

Email address (please give parent's email if under 18) _____

Membership type applied for: Braintree & District Athletic Club adopts the Sport England definition of sports equity thereby ensuring membership is open to all members of the community.

Senior Junior (full time education) 1st Claim 2nd Claim

Family (1-2 adults & up to 3 children in full time education) Associate

Membership Fees (1st and 2nd claim members)

Senior £20 Concessionary (Junior & unemployed) £15 Family £40

I agree to pay my subscription of £_____ (returnable if application is unsuccessful.)

England Athletics Affiliation Fee:

The club will pay the £5 individual annual England Athletics Affiliation Fee which is required for all COMPETING athletes. The club expects ALL athletes to compete for the club at least 3 times a year, if this is not possible you are required to send a letter of explanation to the Membership Secretary whose contact details are below.

Training fees

I will pay by monthly Standing Order (£10) I will pay per session (£2.50)

Other clubs

Are you, or have you been, a member of another England Athletics affiliated club: **YES/NO** (Delete as appropriate)

If YES please state which club _____ Date of resignation, if applicable _____

Are you 1st or 2nd claim member of the above? _____

Medical Conditions

Please state any changes to previously declared medical conditions or emergency contact details:

I hereby declare that I am an amateur as defined by UK Athletics rules and agree to abide by those rules as well as the rules of the club. I understand that this application will have to be approved by the Committee of Braintree & District AC and that it is renewable each year in January until I resign in writing to the Club Secretary. For the purposes of the Data Protection Act, I understand that my personal details will be held on computer and used for bona fide club purposes and will be forwarded to England Athletics.

Applicants signature: _____ Date: _____

To be completed on behalf of applicants under 18 years of age

I agree to my son/daughter/child in my care taking part in the activities of the club.

Signature of Parent/Carer: _____ Date: _____

Please return completed form to: Sue Pitts. BDAC Membership Secretary. 37 Broadoaks Crescent, Braintree, CM7 9FD (Cheques/Postal Orders to be made payable to "Braintree & District Athletic Club")