

## Individual Membership form

Please complete the form in Capitals in BLACK ink

Club Name	<table border="1"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																																																	
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Other Names/Known as	<table border="1"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																																																	
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Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>																																																	

<b>Ethnicity (please tick as appropriate)</b>																	
<b>White</b>	English	<input type="checkbox"/>	Scottish	<input type="checkbox"/>	Welsh	<input type="checkbox"/>	Irish	<input type="checkbox"/>	Other	<input type="checkbox"/>							
<b>Mixed</b>	White & Black Caribbean	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>	White & Asian	<input type="checkbox"/>	Other	<input type="checkbox"/>									
<b>Asian</b>	Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Bangladesh	<input type="checkbox"/>	Other	<input type="checkbox"/>									
<b>Black</b>	Caribbean	<input type="checkbox"/>	African	<input type="checkbox"/>	Other	<input type="checkbox"/>											
<b>Chinese</b>	Chinese	<input type="checkbox"/>															
Other Please Specify	<input type="text"/>										Prefer not to state	<input type="checkbox"/>					

<b>Contact Details</b>																																																		
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<b>Club Status</b>			
<i>Please tick what status the athlete is to the club:</i>			
First Claim	<input type="checkbox"/>	Second Claim	<input type="checkbox"/>
Higher Competition	<input type="checkbox"/>	Foreign Athlete	<input type="checkbox"/>

<b>Volunteer Status</b>			
<i>Please tick what status of volunteer:</i>			
Club Officer	<input type="checkbox"/>	Helper	<input type="checkbox"/>
Coach	<input type="checkbox"/>	Technical Officer	<input type="checkbox"/>