



# MEMBERSHIP FORM

## 2018-2019



Membership type :

<b>Adult (£20peryear)</b>	<b>Junior (£10 per year)</b>	<b>Family – (£40per year)</b>
From October 2018 – September 2019		*Family memberships allow for 2 Adult & 2 Junior members

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Master	
Name						
Address 1						
Address 2						
Address 3				D.o.B		
Town/City				Home Telephone		
Postcode				Mobile Telephone		
Email Address						

### IN CASE OF EMERGENCY

Name		
Relation		
Contact Number		

**MEDICAL CONDITION, please disclose any medical condition below if none please write none –**  
(\*To be completed by Parent/Guardian if member is under 18.)

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**Permission to use photographic images:**  
Photographs of SOUTH SHIELDS TRI members may be used in various communications incl. the newsletter and website. Group photographs taken at events may be used without identifying individual members. For individual photographs, please indicate your permission for use:

\_\_\_\_\_ SOUTH SHIELDS TRI has my permission to use and identify photographs of me.  
\_\_\_\_\_ SOUTH SHIELDS TRI does not have permission to use and identify photographs of me.

**By signing this form I give permission to South Shields Tri and any affiliated party to use my data and to store it electronically.**

**I consent to the giving of urgent medical or surgical treatment if required**

Signed: \_\_\_\_\_ (\*if under 18 must be signed by parent/guardian)  
 Name: \_\_\_\_\_ (\*Parent/Guardian name only)  
 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Membership Number	_____
Input – Signed	_____
(*To be completed by club member)	