



Membership form

(Personal details will be held and used only for administrative purposes)

NAME:-.....

DATE OF BIRTH:-.....

ADDRESS:-.....

.....

.....

POST CODE:-.....

HOME TELEPHONE No.:-.....

MOBLILE No.:-.....

EMAIL ADDRESS:-.....

NAME OF EMERGENCY CONTACT:-.....

PHONE No. OF EMERGENCY CONTACT:-.....

I wish to apply for membership of Torbay Athletic Club/Torbay Triathlon Club, and if accepted I agree to abide by the rules of the club, and the rules of the governing bodies.

Please state your main event:-.....

FIRST OR SECOND CLAIM MEMBERSHIP REQUIRED:-.....

1st claim £30:00, 2nd claim £12:50 - Cheques made payable to Torbay A.A.C.

To: Greg Fine
Torbay A.A.C.
255 Teignmouth Road,
Torquay,
Devon.

Please detail any medical conditions or allergies that you feel the club should know about.

Signed.....Date.....

(If under 16 parents or guardian to sign)