

## **Membership Application/Renewal**

First Name:		Surname	):			
Date of Birth:		Members	ship Nr:			
Address:						
Post Code:						
E-mail:						
Telephone:		Male	0	Female	0	
Full Membership O	Social only O	Senior	0	Junior	0	
Previous Clubs:		First Clai	m:			
You may pay by Cash The Treasurer, The Ly or pay Direct to our Sa Bank Payment Date: Note, if paying direct to the e-mail to WJTreasurer "at" Reference and Account Na	con Joggers holding is duration of member sign below. A parent or guar ton Joggers holding is duration of member sign.  5 Social Membership is 1 1st October to 30th S st August include the follow or Cheque (payable to ntons Stamford Road, antander Bank accound the bank, instead of completing Werrington Joggers. co. uk warme. Full Members please	relevant prelevant prelevant prelevant present present present present present present (Sort Conference present (Sort Conference present prese	ership ye on Jogo bugh Pership on Jogo bugh Pership on the control of the control	ar). gers) by p 66 7HX or 07-24 Acco y send an is form, plus ontact Form	on compu	mittee.
Werrington Jogge I would like to Gift Aid thi	Registered Charity	y Numbe	er <mark>11:</mark>	<b>36937</b>		
Taxpayer Name:						
(if different):						
Taxpayer Address:						
(Nr/Name + Post Code) By completing this declarated helps to reduce your fees in Income Tax and/or Capital the appropriate tax year. You at least six years.	n future years. To qualify fo Gains Tax at least equal to	or Gift Aid, the the tax that	aid on yo ne Taxpa t the cha	yer must pa	ny an amount s on your don	of UK ations in
WJ Use Only: Date Paid	: Cash	/Chq/Bank		Processed	•	

## **WERRINGTON JOGGERS**

## **Contact Details in Case of Emergency**

We have had a number of instances, at least one of which was quite serious, where we have needed to contact a next of kin, or another appropriate person on behalf of a member, and we have found that we did not have the necessary information in one central form. We have therefore designed the form below that we hope you will complete and return as soon as possible.

This information will be held in hard copy form only. Naturally, completion of the form is entirely voluntary, but where we do not hold any relevant information about someone, it will make it all the harder to notify anyone in an emergency.

If anyone has any questions or requires further information, please do not hesitate to contact me.

Kind	regards,
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Tim	Cook

## Contact Details Form

Name:	Membership Nr:
Address:	
Contact Name:	
Address:  (if different)	
Telephone:	
Medical Conditions or other relevant information (e.g. a	allergies, asthma etc.):

This information will only be used in an emergency, and will be destroyed when you cease to be a member.

Note: Please print this on a separate page, not double sided as it is stored separately in hard copy form only.