## Handsworth Roadhogs

## Membership Application Form

Please complete this application form in **BLOCK LETTERS**.

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Full Name:				Date Of Birth:	Gender:			
Address:								
Post Code:				Email Address:				
Home No:				Mobile No:				
*If Applicant is under 18, please	e provide Tele	phone contact	of Parent/Guardian.					
Membership of Otl	her Runi	ning Clu	hs					
Are you a member of an			YES / NO	If Yes Which One:				
First or Second Claim:				Date of Resignation from Previous Club:				
Membership Infor								
Please indicate which o								
Over 18 (First Claim):	Over 18 (2	2 <sup>nd</sup> Claim or n	on-competitive):	Junior (Under 18):	Un-Waged:	Associate Member:		
☐ I confirm that as  I wish*/do not w  First Claim members on  ☐ I confirm that m	a club men ish* my em ily y personal o	nber I agree nail address data as reco	to the club's code to be shared with	e passed onto England	gs members (*Plea Athletics. As part	k box)  ase delete as required)  t of my registration England vacy settings. (Please tick box		
Signed			1	Date				
Parent/Guardian				(if under 18)				
Amount Paid: £ For Bank Transfer please us						nogs") Name: Handsworth Roadhogs		
Subscriptions are payable	with this fo	orm and the	n annually betwe	en 1st January and 31s	st March.			
This completed form and Andrew Lewis 83 Wingfield Cres Sheffield S12 4WA Or email to - Andrew.lew			d be given or sent	to the Membership So	ecretary:			
Fees are as Follows:								
			s paid to England Athletics f iated rates in road races.	for a competition licens	e which entitles you			
Second Claim* or Non-con	netitive	f 15 00						