



Membership Application Form

Section A – Membership Type (Please tick)

Individual (£12.50) :	<input type="checkbox"/>	Family (£35):	<input type="checkbox"/>
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Section B - Individual/Primary Member Details

First Name:	<input type="text"/>	Surname:	<input type="text"/>
Date of Birth:	<input type="text"/>	Gender:	<input type="text"/>
Address:	<input type="text"/>		
Town/City:	<input type="text"/>		
Postcode:	<input type="text"/>		
Home Telephone:	<input type="text"/>	Mobile:	<input type="text"/>
Email:	<input type="text"/>		

Section C – Medical Information

Please use the space below to provide any information regarding medical conditions you feel we need to know about, e.g. asthma or any allergies. If you have any concerns about participating in any form of physical activity then please consult your GP beforehand.

Section D – Emergency Contact Details

Name:	<input type="text"/>	Relationship:	<input type="text"/>
Contact Telephone:	<input type="text"/>		

Section E – Details of Family Members (please skip to Section F for individual membership)

Adult Member

Name:	<input type="text"/>	Date of Birth:	<input type="text"/>
Gender:	<input type="text"/>	Mobile:	<input type="text"/>
Medical Information:	<input type="text"/>		

Junior Member

Name:	<input type="text"/>	Date of Birth:	<input type="text"/>
Gender:	<input type="text"/>	Medical Info:	<input type="text"/>

Junior Member

Name:	<input type="text"/>	Date of Birth:	<input type="text"/>
Gender:	<input type="text"/>	Medical Info:	<input type="text"/>

Junior Member

Name:	<input type="text"/>	Date of Birth:	<input type="text"/>
Gender:	<input type="text"/>	Medical Info:	<input type="text"/>

Section F – Photo/Video Consent (Please circle)

I am happy for photos/videos of me to be used for news and promotional purposes - YES / NO

Section G – Signature

By signing this form, I confirm that I have read the club's Code of Conduct and agree to abide by them.

Print Name:	<input type="text"/>	Signature:	<input type="text"/>
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Please post application form and fees to:-
HCC Membership Secretary, 6 Friars Road, Hadleigh, Suffolk, IP7 6DF