

DUNOON HILL RUNNERS – MEMBERSHIP FORM



If you would like to become a member of Dunoon Hill Runners complete this membership application form and pay your membership fees by the 28th of February 2015.

MEMBERSHIP BENEFITS

- a. Weekly training sessions for £1
- b. Club branded technical t-shirt
- c. As a member you will be entitled to represent the club in any organised race
- d. Discounted entry to club runs (Volcano Run, Club Handicap)
- e. Membership of private Facebook group
- f. Official correspondence via DHR mailing list
- g. Annual newsletter
- h. Discount card for official club partners

PAYMENT

Fees can be paid in cash or via bank transfer to the club account. Account Number and Sort Code available on request.

If paying by digital banking please note your initial, surname and fees as your payment reference. E.g. KTaylorFees.

2014 / 2015:

Senior Men / Women - £20

Household Membership - £35 (maximum of two t-shirts per household, additional t-shirts can be purchased at cost price).

Please note that due to insurance implications a junior membership scheme is still being explored and is not presently available.

Forms and payment can be handed in to any member of the committee at training nights, on the day of the AGM or posted to:

Kenny Taylor, Club Secretary, Dunoon Hill Runners, 167 Alexandra Parade, Dunoon, Argyll. PA23 8AW.

Please note that payment is expected by the 28th of February 2015 and runs until the 31st of January 2016.

DATA PROTECTION:

The information which you provide on this form and any other information obtained or provided during the course of your application will be used solely for the purpose of processing your application and in dealing with you as a member of Dunoon Hill Runners. The data will not be shared with any third party for marketing or commercial purposes without firstly obtaining your explicit consent.

DUNOON HILL RUNNERS – MEMBERSHIP APPLICATION



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|---|--------|--------------------------|---------------------|--------------------------|
| First Name: | | | | |
| Last Name: | | | | |
| Address Line 1: | | | | |
| Address Line 2: | | | | |
| Address Line 3: | | | | |
| Address Line 4: | | | | |
| Postcode: | | | | |
| Age: | | | | |
| Date of Birth: | | | | |
| Email Address: | | | | |
| Mobile Phone Number: | | | | |
| Gender: | Male | <input type="checkbox"/> | Female | <input type="checkbox"/> |
| EMERGENCY CONTACT DETAILS | | | | |
| Name: | | | | |
| Contact Phone Number: | | | | |
| MEDICAL INFORMATION (This section must be completed by all applicants.) | | | | |
| Do you have any allergies? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| If yes please give details: | | | | |
| Do you have any medical issues? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| If yes please give details* <small>*Please consult a Dr if you have any concerns about undertaking regular exercise.</small> | | | | |
| VOLUNTEERING | | | | |
| Are you willing to volunteer to help the club? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| If yes please give details about how you could help: | | | | |
| Membership Type: | Senior | <input type="checkbox"/> | Household* | <input type="checkbox"/> |
| Payment Method: | Cash | <input type="checkbox"/> | Digital Banking | <input type="checkbox"/> |
| Payment Received: | Date | <input type="checkbox"/> | Committee Signature | <input type="checkbox"/> |

*Please complete an additional form for each additional adult member residing within the same household.

TERMS AND CONDITIONS:

- a. Membership should be paid no later than the 28/2 and runs until the 31/1
- b. Membership fees may be adjusted in future years
- c. New members joining during the membership year must pay the appropriate fee
- d. Subscription for the current year must be paid before any member can compete for the club
- e. Members will be subject to the rules as outlined in the club constitution
- f. Members acknowledge that they race and train at club events at their own risk

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| I agree to the above terms and conditions. | Signature: | Date: |
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