



MEMBERSHIP APPLICATION FORM - ADULT MEMBER

Surname

Forenames

Address

Home Phone

Mobile Phone

Email

It is important that the Instructors at the Club are aware of any existing medical conditions of members, asthma or epilepsy, for example. This will enable instructors to make appropriate risk assessments, and allow safety preparations in case of emergency. If you have any medical condition, you should detail the condition, its effect and medication required on the reverse of this form, and tick this box to indicate that you have done so.

 YES

Signed

Date

Name

For Club Official Use

Club Membership Number

KUGB Licence Number

Date Joined

Application Approved

Date



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