BUXTON ATHLETIC CLUB

Membership Application Form

Type of Membership required:

Senior/Junior/Second Claim*

Personal Details

Title:	Surname:	Forename(s):
Address:		
Date of Birt	rh:	Gender: M / F
Details of a	ny disabilities/allergies/medical conditions:	

Contact Details

Home Phone:	Mobile:	
Work Phone:	E-mail:	

Membership of Other Clubs

Other clubs of which you're a	Status (ie 1 st /2 nd Claim/Social)	Date of resignation from
member		previous club

Disciplines in which you're interested (please tick)

	N N		
Cross Country	Fel	l & Hill	
Road Running	Tro	ack & Field	

Coach Qualification(s)

Level	
Event(s)	
	*delete as applicable

I confirm that I am eligible to compete under England Athletics Rules.

I accept that my personal data will be held securely on a computer by the Club Secretary. When you become a member of Buxton AC, you will automatically be registered as a member of England Athletics. We will provide EA with your personal data which they will use to enable access to an online portal for you (called myAthletics). EA will contact you to invite you to sign into and update your MyAthletics portal (which, amongst other things, allows you to set and amend your privacy settings). If you have any questions about the continuing privacy of your personal data when it is shared with England Athletics, please contact <u>dataprotection@englandathletics.org</u>."

I agree to abide by the Constitution of Buxton Athletic Club and agree to give written notice should I wish to resign my membership.

Fee to accompany application. Payment by cash or cheque : ______

Signed	Date	201	.8
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