#

# Senior Membership Application Form (Please complete both pages)

Type of Membership

First Claim / Second Claim (delete as appropriate)

## Personal Details

|  |  |  |
| --- | --- | --- |
| Title:  | Surname: | Forename: |
| Address: |
| Date of Birth: | Gender: M / F (delete as appropriate) |
| Details of any disabilities/allergies/medical conditions: |

## Contact Details

|  |  |
| --- | --- |
| Home Phone: | Mobile Phone: |
| E-mail: |

## Membership of Other Clubs

|  |  |
| --- | --- |
| Other clubs of which you’re a member | Status (1st claim/ 2nd claim/ social) |
|  |  |

## Disciplines in which you’re interested (please tick)

|  |  |
| --- | --- |
| Cross Country | Fell & Hill |
| Road Running | Track & Field |

## Coach Qualification(s)

|  |  |
| --- | --- |
| Level | Event(s) |
|  |  |
|  |  |

## Data Protection (GDPR)

I accept that my personal data will be held securely on a computer by the club secretary.

I understand that as a member of Buxton AC, I will be registered as a member of England Athletics (EA). EA will be provided with my personal data which they will use to enable me to access their online portal (myAthletics). EA will contact me to invite me to sign-into and update my details, including my privacy settings. If I have any questions about the privacy of my personal data held by England Athletics, I can contact dataprotection@englandathletics.org.

I am happy for you to communicate with me concerning information about Buxton Athletic Club (Buxton AC) activities and general running news (which in some cases may come from other clubs or organisations) via the following means (please circle as appropriate):

Post E-mail Telephone SMS

I have read Buxton AC’s Data Protection Policy and the associated Privacy Statement and am happy for my data to be collected, stored, secured and used in the ways described (please tick).

## Signature & Membership Fee

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

I agree to abide by the code of conduct and the constitution of Buxton AC and and to give written notice should I wish to resign my membership.

I agree to pay my annual membership fee within a month of receipt of invoice. (please tick)

Signed: …………………………………………………………………………………………….. Date: ………………………………………………….