

STOCKPORT HARRIERS & ATHLETICS CLUB



APPLICATION FOR SENIOR MEMBERSHIP

PLEASE COMPLETE ALL SECTIONS OF THIS APPLICATION

*Stockport Harriers & A.C. support the inclusion of all groups in society
irrespective of gender, race or disability*

We are pleased to welcome you to Stockport Harriers & A.C. To ensure that we have the correct contact details for you please insert the information requested below and return this form to the Membership Secretary. We will also use this information to ensure that you are kept informed of club events.

NAME & ADDRESS (If this is a family application, please complete one form for each person).

First name(s)		Title:	
Last name:		Gender:	Male / Female
Address 1:		Date of Birth:	
Address 2:		Membership No.	
Town:		(if known)	
County:			
Post Code:			

CONTACT

Home phone:		Mobile phone:	
Work phone:		Fax:	
E-mail address:			

MEMBERSHIP OF OTHER CLUBS

Other clubs of which you are a member?	Status of this application? i.e. first / second claim	Date of resignation from previous club?

DISCIPLINES IN WHICH YOU EXPECT TO PARTICIPATE Please tick all applicable

Cross Country	Fell & Hill	Race Walking	Road Running	Track & Field

VOLUNTEER ROLE Please tick if you are willing to help as a volunteer in any of the following

Timekeeper	Track Judge	Field Judge	Starter	Marksman	Ancillary

COACHING QUALIFICATION Please give details of any coaching qualifications you have

Level:	
Event(s)	

DISABILITY

The Disability Discrimination Act 1995 defines a disabled person as anyone with "a physical or mental impairment, which has a substantial and long term adverse effect on his or her ability to carry out normal day-to-day activities".

Do you consider yourself to have a disability? Yes No

If yes, what is the nature of your disability? Please give written details below.

Visual impairment	<input type="checkbox"/>	Hearing impairment	<input type="checkbox"/>
Physical disability	<input type="checkbox"/>	Learning disability	<input type="checkbox"/>
Multiple disability	<input type="checkbox"/>	Other – please state:	<input type="checkbox"/>

MEDICAL INFORMATION

Please detail below any important medical information that our coaches should be aware of (e.g. epilepsy, asthma, diabetes, etc.)

It is recommended that anyone who is aged over 40 should have a medical examination before taking up athletics.

ETHNICITY

In order to help the club monitor its membership, can you please tick one of the following boxes to identify your ethnic group / origin:

Choose one section from A to E and then tick the appropriate box.

A White

British

Any other white background (please specify):

Irish

B Mixed

White & Black Caribbean

White & Asian

Any other mixed background (please specify):

White & Black African

C Asian or Asian British

Indian

Bangladeshi

Any other Asian background (please specify):

Pakistani

D Black or Black British

Caribbean

Any other Black background (please specify):

African

E Chinese or other ethnic group

Chinese

Any other (please specify):

REMITTANCE

Please return form with payment to **The Membership Secretary, J Matuszewski, 27 Ridge Cres, Marple, Stockport, SK6 7JA**

Full annual subscription rates

Minors (7 – 10 years) and Social Membership	£13.00
Juniors (11 – 20 years) and Second Claim	£18.00
Seniors	£28.00
Family Membership	£41.00
Leisure Key holders and Students – half Senior Membership	

Amount enclosed £

Name of Athlete

Age Group _____

Signed _____

Date _____



Instruction to your Bank or Building Society to pay by Direct Debit

Please fill in the whole form including official use box using a ball point pen and send it to:

Membership Secretary
Stockport Harriers & Athletics Club
27 Ridge Crescent
Marple
Stockport
Cheshire SK6 7JA

Name(s) of Account Holder(s)

Bank/Building Society account number

Branch Sort Code

Name and full postal address of your Bank or Building Society

To: The Manager Bank/Building Society
Address
Postcode

Reference Number

S T O

Originator's Identification Number

8 1 6 1 1 4

FOR STOCKPORT HARRIERS & AC OFFICIAL USE ONLY
This is not part of the instruction to your Bank or Building Society.

PLEASE INDICATE LEVEL OF MEMBERSHIP

SENIOR SOCIAL
JUNIOR LIFE
MINOR PERMANENT
FAMILY LEISURE KEY HOLDER / STUDENT
List family members names

Instruction to your Bank or Building Society

Please pay STOCKPORT HARRIERS & AC Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with STOCKPORT HARRIERS & AC and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)
Date

Banks and Building Societies may not accept Direct Debit Instructions from some types of account

This guarantee should be detached and retained by the Payer.

DD11

The Direct Debit Guarantee



- This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change STOCKPORT HARRIERS & AC will notify you 10 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by STOCKPORT HARRIERS & AC or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.