





# Membership Form

Personal Information	
<b>Initial member* name:</b>	<b>Date of birth:</b>
*initial members must be aged 17 or over; family members can be any age but if under 17 must be supervised by the initial member at any club activity.	
<b>Are there any other members of your family who wish to join? Please give their details below.</b>	
<b>Name:</b>	<b>Date of birth:</b>
<b>Name:</b>	<b>Date of birth:</b>
<b>Name:</b>	<b>Date of birth:</b>

Contact Information	
<b>Email:</b>	
<b>Contact number:</b>	
<b>Postal address:</b>	<b>House no. or name:</b>
	<b>Street:</b>
	<b>Town:</b>
	<b>County:</b>
	<b>Postcode:</b>
<b>In case of emergency contact:</b>	

Membership History:	
<b>Initial Member Name:</b>	<b>Previous Membership No:</b>
<b>Family Member Name:</b>	<b>Previous Membership No:</b>
<b>Family Member Name:</b>	<b>Previous Membership No:</b>
<b>Family Member Name:</b>	<b>Previous Membership No:</b>

**I UNDERSTAND THAT BY SIGNING BELOW AND JOINING SINGLETRACTION, I AND ANY OTHER FAMILY MEMBERS STATED ON THE MEMBERSHIP FORM;**

-  Agree that the details provided on this form can be stored on a computer database for the purpose of monitoring membership and communicating club information.
-  Understand that neither the club nor any of its officials can be held liable for any injury, loss or damage to persons or property whilst undertaking any activity associated with the SingletrAction Club. Members are responsible for their own actions.
-  Are happy to have our details passed onto the Forestry Commission should I/we wish to receive a Dalby Pass\*.
-  Will ensure that the club will be made aware of any medical conditions that may affect me whilst on a club activity. I will provide details of a person to contact in case of emergency.

<b>Signed:</b>	<b>Date:</b>
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Please make cheques payable to **SingletrAction**.

Send your completed form and payment to **SingletrAction, 55 Acres Hall Avenue, Leeds, LS28 9EA**

\*please see the website for more information regarding membership benefits and applicable conditions.