



Aldridge Running Club

Membership Application Form

Surname	First name(s)
Mr/Mrs/Miss/Ms/other	Date of Birth
Address	
Postcode	
Telephone Number Home	
Telephone Number Mobile	
Emergency contact Name	
Emergency contact Number	
Email Address	
Any other club affiliations	
Medical Information (including pre existing medical conditions,allergies, special needs)	

I hereby apply for membership of Aldridge Running Club and agree to the rules and constitution and to pay the annual subscription as required by the club

Signed..... Date.....

I declare that I am an amateur in accordance to the rules laid down by the governing body

Signed..... Date.....

In accordance to the **General Data Protection Regulations** I consent to ARC contacting me via post/messaging or email to notify me of any information concerning ARC or running events. I understand that the information that is held by ARC will not be shared with any third parties and only be held by ARC and the UKA (for UKA number) and used specifically for processing regarding the club's activities. The information will be kept with ARC whilst I am a member and will be held for 2 years thereafter should I lapse in my membership. If I wish to withdraw my consent I can do by filling in a consent withdrawal form

Signed..... Date.....

For Official Use: To be Signed by Club Officials		
Signed	Date	Club Officer
Signed	Date	Membership Secretary
Subs Paid	Date	Treasurer