



## DERBY MERCURY RC – APPLICATION FOR MEMBERSHIP

I wish to apply for membership of the Derby Mercury RC.

I, the undersigned, if accepted, do hereby agree to abide by the rules and constitution of the Derby Mercury RC and do hereby agree that neither the Derby Mercury RC nor its agents and/or officials shall be responsible in any way for any loss, injury and/or damage occurred to myself whilst on club activities, whether or not such loss, injury and/or damage be caused by any negligence by the said club or its said agents and/or officials. I also hereby agree that I partake of all club activities entirely at my own risk.

I agree that these details may be stored on a computer database, to be used solely for the purposes of club management.

Full Name \_\_\_\_\_

Forename known by \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Tel No \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

E-mail address \_\_\_\_\_ Occupation \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Next of kin details:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Tel No \_\_\_\_\_

(For applicants under 18 years of age) I hereby agree to the above named person joining the Derby Mercury RC as detailed above.

Signature of Parent/Guardian \_\_\_\_\_

If Family Membership is required please give details of all proposed members. Applies to couples and children under 16.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

### SUBSCRIPTION RATES (Plus a joining fee of £1.00)

under 16 years - £3.00

16 and under 18 years - £4.00

18 and over - £10.00

Second Claim Member - £4.00

Family Membership - £15.00

Full / Second Claim (*please delete as appropriate*) Total Enclosed £ \_\_\_\_\_

All fees will be receipted. Cheques should be made payable to 'Derby Mercury RC' and crossed. Membership becomes renewable on 1st January each year.

OFFICIAL USE: Committee approval:-

Position \_\_\_\_\_ Name \_\_\_\_\_ Signature \_\_\_\_\_

Position \_\_\_\_\_ Name \_\_\_\_\_ Signature \_\_\_\_\_

Position \_\_\_\_\_ Name \_\_\_\_\_ Signature \_\_\_\_\_

Please either bring the completed form to the club room on a Tuesday night or post to: Avice Sleath, Membership Secretary. 197 Park Lane, Heage, Derbyshire. DE56 2AE.