



# Membership Form 2018

To ensure that we have the correct contact details for you please insert the information below and return this form, with payment (please make cheques payable to Celtic Tri) to the address below. We will keep details of all members on computer but your details are not intentionally shared with any other organisation. **Membership of Celtic Tri runs from 1<sup>st</sup> January to 31<sup>st</sup> December within each year, you will need to be a current member to be able to compete within the Club Championships and to swim at Glyn Neath Lakes.**  
Our full Privacy Policy is available on our website.

Membership Secretary: Lisa Kethro, 17 Maes Llwynonn, Neath, SA10 8AQ

Email: [lisak\\_5@hotmail.com](mailto:lisak_5@hotmail.com)

Please tick relevant category of membership required -

<b>Adult</b> (over 18 years) <input type="checkbox"/> £20.00	<b>Senior</b> (over 60 years) <input type="checkbox"/> £8	<b>Junior</b> (6 -17 years) or full time education <input type="checkbox"/> £8	<b>Family</b> (please complete separate form for each member) <input type="checkbox"/> £40
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## Personal details of member

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Gender: M / F

Full Address \_\_\_\_\_

Postcode \_\_\_\_\_

Telephone (home) \_\_\_\_\_ Mobile \_\_\_\_\_

Email address (please print clearly) \_\_\_\_\_

Are you a WT/BT member? (please circle) YES / NO If yes WT/BT number \_\_\_\_\_

Other Club Memberships (1) \_\_\_\_\_

(2) \_\_\_\_\_

Do you consider yourself to have a disability? Yes / No

If yes is the nature of your disability – (please circle)      Visual Impairment      Hearing Impairment      Physical Disability      Multiple Disability      Learning Disability

Other (please specify) \_\_\_\_\_

Medical information – please detail any important medical information that our coaches/club should be aware of (eg epilepsy, asthma, diabetes).

**Emergency contact – Name** \_\_\_\_\_ **Phone No** \_\_\_\_\_

**Note** – all club members are expected to offer their help or to provide someone to help during at least one of the events organised by the club. This can either be on race day or the day beforehand to set up the course.

Please tick if you are willing to be contacted by the Club Race organiser for each of the Club Events. YES / NO

Do you consent to your details being stored on the club membership database? YES / NO

Do you consent to any club photos including your image to be used on the website or promotional material? YES / NO

Signature (for Junior members this should be signature of parent/guardian)

\_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Club Secretary Use

Date details added to membership database	Payment details	Details added to newsletter circulation
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