

Cheadle Running Club Membership Application Form

Name: _____

Address: _____

Post code: _____

Tel. _____

EmailAddress: _____

Date of Birth: _____

Occupation: _____

Please list any allergies (e.g. to penicillin) or illness (e.g. athsma) that the club should know about:

Please state if a member of another running club:

Best race times:

10k _____ Half Marathon _____

10 miles _____ Marathon _____

Beginner _____ (tick if applicable)

Membership fees (please tick)

Full member £22

Student £16

Unemployed £16

Second claim £16

Senior citizen £16

Social member £7

Cheques to be made payable to Cheadle Running Club

Total amount enclosed: £_____

Please return to:

M. Harrison, 6 Allen St, Cheadle, Stoke-on-Trent, ST10 1HJ