

CHEADLE RUNNING CLUB Membership Application Form

Name: _____

Address: _____

Postcode: _____

Tel: _____

Email: _____

D.O.B: _____

Please list any allergies (e.g. to penicillin) or conditions (e.g. asthma) that the club should be aware of:

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

I accept that the information here will be submitted to England Athletics for membership affiliation and for club communications

Signature: _____

Cheques to be made payable to Cheadle Running Club.

Total amount Enclosed: £ _____

Please return to: M Harrison, 6 Allen St, Cheadle, ST10 1HJ