

**Thatcham Rugby Football Club
Membership Form**

Please print clearly

Personal Details

Surname	
Forenames	
Date of Birth	
Previous Club(s)	
Playing Position(s)	

Contact Details

Address	
Postcode	
Home Phone	
Mobile	
Email	

Medical details (optional for senior players)

Any relevant existing medical condition.	
GP Name	
Dentist name	
Emergency contact number	
Permission to administer basic first aid	Yes No

Membership Payment	Standing Order £20 pcm
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Signed

Date

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