



Full Club Membership Form

August 09 – July 2010



Member's name:	(Known as: _____)	
Address:		
Postcode:		Email:
Telephone:		Mobile:
Date of birth (players & U18s only)		Ethnicity:
Are you First Aid trained:		
Emergency contact: Contact No: Relationship to you:		
Do you consider yourself to have a disability?	Nature of disability:	
Joined Crigglestone in (year) (or age group for players):		

Type of Membership (delete as appropriate):
 Playing member (£30), Family membership (£15), Full Member (£10)

If family membership, name of partner at the same address:

Would you like to do voluntary work for the Club:

If yes, are there any specific areas you would like to volunteer in:

I the undersigned have read and understood the Rugby League Code of Ethics and Conduct ("Code") and as such agree to fully recognise and adhere to the principles and responsibilities embodied in the "Code".

I have checked this information and confirm that, as amended, it is correct to the best of my knowledge. My receipt will act as my membership card until one is issued.

Signature:	Date:
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OFFICE USE ONLY: £30 or £15 or £10 Membership Fee Paid and receipt given.

Signed:	Receipt No:
Date:	