Si esse vis socium circuli nostri tibi aestimandae sunt patientia et iucunditas

Barlick Fell Runners
Junior Membership Application Form

Membership is open to all and will be considered on the return of this form.
Application forms will be accepted at any time during the season.

Details of Junior

Surname ....…… **D.O.B** ....

Forenames ....………...…

Details of Parent or Guardian

Name …………..……...…….

Address ……..……..…….

Address ...……….……...… **Post Code** ....………

Tel No (Home) ....……….....................…...... **Mobile** .…….….…..................................…

Email Address …...…

Signed ..………..…...…… **Date** ....
(Parent or Guardian)

I wish my child to become a member of Barlick Fell Runners and I agree to comply with all club rules and procedures as set out in the Club Constitution. I accept that personal data will be held on computer by the club. This information will not be passed to any outside body and will be used solely for administration purposes.

Please send this form to:

Joanne Sadowsky, Lingcott, Manchester Road, Barnoldswick, BB18 5HQ. Tel 07854 409620

MEMBERSHIP FEES

Junior Membership (under 17) is £5.00. If your child wishes to attend the weekly structured training programme for our junior members, there is a monthly charge of £4.00 payable by standing order and if you would like your child to attend, please complete the attached standing order form. This may be cancelled at any time by yourself.

Please make cheque for annual payment payable to Barlick Fell Runners or preferably, pay by internet banking to:

Sort Code   050222   Account number   36214660

Please remember to quote your child's full name.

Standing Order Mandate

Bank

Please make payments as described below and debit my/our account accordingly.

Account to be debited

Sort Code | | | | | | Account No | | | | | | | |

Account Name

Beneficiary Details

Sort Code | 0 | 5 | 0 | 2 | 2 | 2 | Account No | 3 | 6 | 2 | 1 | 4 | 6 | 6 | 0 |

Bank   Yorkshire Bank plc

Account Name   Barlick Fell Runners

Reference   (Insert child's names)

Details of Payments to be Made

Amount of regular payment   £4.00

Amount of regular payment (in words)   Four Pounds

Frequency of Payments   Monthly

Date of first regular payment   d d m m y y | 0 | 1 | | | | |

Signature …………………………………..   **Signature** …………………………………….

Date …………………   Date ………………..