



Wickwar Wanderers Football Club Application for Membership 2011 / 2012

Name:	Date of Birth:
Address:	
Post Code:	
Tel Contact No:	Email:
Emergency Contact Numbers: Who to contact in the event of an accident	
Name:	Home Tel: Mobile:
Medical Conditions / Allergies Please list below any existing or specific medical conditions / allergies we need to be aware of e.g. asthma, epilepsy, diabetes etc:	
Type of membership applied for:	
Adult Playing <input type="checkbox"/> Parent / Supporter <input type="checkbox"/> Committee Member <input type="checkbox"/>	
Non playing skills and the type of role I would be willing to take up and use to help the club :	
First Aider <input type="checkbox"/> Administrative Skills <input type="checkbox"/> Coach <input type="checkbox"/>	
Type of role I would be willing to undertake: (i.e. Committee Member, Fundraiser, Match Day Helper, Team Administrator)	

Fees: The annual membership fee is £5.00:	Total payment included: _____
I agree to be bound by and observe the club rules and codes of conduct, the rules of the Football Association and all competitions in which the club participates. I also accept that from time to time, club members will be filmed or photographs taken and that filming and still shot photography will be captured and that I hereby give my consent to the club to use those images in local newspapers or on the club's website.	
Signed:	Print Name: _____
	Date: _____

Club use only
Application accepted on the Club's behalf by:
Player Registration Number:

Return form and payment to your Manager