



Founded 1892
Refounded 1910

SALE HARRIERS MANCHESTER

Crossford Bridge
Wythenshawe Park
Sportcity

Membership Renewal 2017

Renewal (1st January 2017).

Change of personal details.

Personal Details

SHM no _____ English Athletics no (If known) _____

Title: _____ Forename: _____ Surname: _____

Address: _____

Postcode: _____

Tel No: _____ Mob: _____ Gender: M F

Email: _____ Date of birth: ____ / ____ / ____

Training Venues

Claim Status

Crossford Bridge

1st (default)

Wythenshawe

2nd: please state 1st claim club: _____

Sportcity

Group/Coach: _____

Membership Category

£50 - Adults

£30 - Adults in full time education; college/uni: _____ Course end date: ____ / ____ / ____

£30 - Young Persons (Under 20 years old at 01/01/2017); incl. full competition licence if aged 11+

£20 - Associates (for non-athletes who do not train with the club or compete representing the club)

£0 - Additional family members. (Only available where two older athletes within the same household are paid-up members). Paid-up members' names: _____

As a club member you are covered for personal accident insurance whilst training with the club.

I hereby apply for membership of Sale Harriers Manchester and understand my obligations under the rules of the national governing body, UK Athletics. I agree to abide by the constitution and rules of Sale Harriers Manchester. As far as I am aware I am fit to take part in strenuous physical activities. When signed by a parent that parent consents to the child taking part in club events including travel and overnight stays where appropriate.

Signed: _____ Date: _____

To be signed by parent / guardian if under 16 years of age.

Payment: Cash Cheque BACS

Sort code 09-01-50
Acc. no 04469283
Ref. 'Your Full Name'.

Please tick box if you DO NOT wish your details to be disclosed to other parties

Please make cheques payable to Sale Harriers Manchester and return this form to the Membership Secretary, Mrs Jean Dutton, 25 Sandilands Road, Manchester M23 9JN.

Official Use:

Accepted Declined Elec Date _____ SHM No _____

Signed _____ Position _____