**Membership Form**



Type of Membership JUNIOR/SENIOR Membership No. .……………………….

Name ……………………………………………………………………………………….………. Date of Birth……………………………….

Address …………………………………………………………………………………..….………………………………………………………….

…………………………………………………………………………………..…..……………….. Postcode …………………………..………

Telephone Number ………………………………………………………………………………..……..……………………………………….

Permission to use photographs

Email Address ………………………………………………………………………………… Y/N

I agree to abide by the rules set out by Team CKRC & respect the committee and fellow competitors at all times

Signed …………………………………………………………………..... Print Name …………………………………………………………...

Dated………………………………………………………………………. Payment type CASH/BANK TRANSFER