



## Membership Application Form

Name \_\_\_\_\_

Address \_\_\_\_\_

Post Code \_\_\_\_\_

Telephone \_\_\_\_\_

SAF Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Please include e-mail address if possible, to ease circulation of correspondence.

If member of another club,  
please give club name. \_\_\_\_\_

Please tick appropriate boxes for information you authorise the club to circulate internally.  
All members are asked not to pass this information to anyone outside the Club.

Telephone Number

Address

E-Mail Address

Membership  
Category  
(please tick)

Individual: £20 [ ]

Family: £30 [ ]

Please include details of other family members.

Name	Date of Birth	SAF Number

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please return to Mark Grant, 18 The Glen, Muirside, Tullibody, FK10 2GD.  
Payment by cheque (payable to Wee County Harriers) is preferred.