



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: £22 []

Family: £32 []

Please include details of other family members.

Name	Date of Birth	SAF Number

Signed _____ Date _____

Please return to Fiona Nicholl 2 King O'Muir's Farm Steading Alloa FK10 3AL
Payment by cheque (payable to Wee County Harriers) is preferred.