

Cheadle Running Club Membership Application Form

Name: _____

Address: _____

Post code: _____

Tel. _____

Email Address: _____

Date of Birth: _____

Occupation: _____

Please list any allergies (e.g. to penicillin) or illness (e.g. asthma) that the club should know about:

Please state if a member of another running club:

Best race times:

10k _____ Half Marathon _____

10 miles _____ Marathon _____

Beginner ____ (tick if applicable)

Membership fees (please tick)

Full member £20

Student £15

Unemployed £15

Second claim £15

Senior citizen £15

Social member £6

Cheques to be made payable to Cheadle Running Club

Total amount enclosed: £ _____

Please return to:

M. Harrison, 6 Allen St, Cheadle, Stoke-on-Trent, ST10 1HJ