



bellahoustonroadrunners

MEMBERSHIP RENEWAL 2009/10

NAME.....

ADDRESS.....

.....

POSTCODE.....

DATE OF BIRTH.....

TEL..... MOB.....

EMAIL ADDRESS.....

SAF Number (if applicable)

Are you member of other running club? Yes/No

If yes, please give club name and state if BRR is first or second claim

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MEDICAL CONDITIONS

Do you currently have any medical conditions that you would like us to be aware of (such as diabetes, asthma or any allergies?)

COMMITTEE MINUTES

Would you like to receive minutes (by e-mail) of monthly meetings?

EMERGENCY CONTACT DETAILS

Name of Contact:

Relationship:

Telephone Number:

I have read the club rules and agree to abide by them.

Signed.....

Date.....