MAIDSTONE RUGBY
www.maidstonerugby.org.uk

Membership and Renewal Form

Details of Applicant & Parent/Guardian (Family Membership)

Name (Full)	
Address	
Post Code	
Phone 1	
Phone 2	
DoB	

E-Mail

Type of membership required. Please tick

Playing …… Non-Playing …… Student …… Junior ……

Playing Family …… Non-Playing Family …… Tick if a VP ……

For Family or Junior Membership Only

Child Names 1	
DoB	
School	
Child Names 2	
DoB	
School	

Child Names 3	
DoB	
School	
Child Names 4	
DoB	
School	

Medical Conditions …….

……

Please ensure you complete a medical consent form and hand it to your group coach/team manager.

Do you have a trade or skill or knowledge which you would be willing to share with the Club in order to assist in various projects (please give details)?

……

……

……

Are you able to offer employment to players new to the area (please give details of the type of employment you could offer)?

……

……

……

Are you able to offer accommodation to players new to the area, either short term or long term (please give details)?

……

……

……

I apply for membership/renewal to one of the categories listed above. I agree to abide by the Club rules and decisions of the committee and permit my details to be kept on a computer database authorised by the committee.

Signed: …….. Full Name: ……...

Dated: ……