

MALLARD FENCING CLUB
APPLICATION FOR SENIOR MEMBERSHIP
www.mallardfencing.org.uk

NAME:
ADDRESS:
.....
TEL NO 1.
NO 2
Email address:
CONTACTS IN CASE OF EMERGENCY :
NAME: Tel. No.
RELATIONSHIP TO APPLICANT:
NAME: Tel. No.
RELATIONSHIP TO APPLICANT:
B.F.A MEMBERSHIP NO:
EXPIRY DATE:
CATEGORY OF MEMBERSHIP:
PREVIOUS FENCING EXPERIENCE:
.....
.....
.....

DISABILITIES / ILLNESSES / ALLERGIES ETC THAT THE CLUB
COMMITTEE SHOULD BE AWARE OF:
.....
.....

Details of GP
Name:
Address:

In order to help the club monitor its membership, can you please tick one of the following to identify your ethnic group:
White Black or Black British Mixed
Chinese Asian or Asian British Other Ethnic Group

ALL NECESSARY CARE AND ATTENTION IS ALWAYS TAKEN TO ENSURE THE SAFETY OF ALL WHO ATTEND MALLARD FENCING CLUB WHETHER AS FENCERS OR SPECTATORS.
ALL FENCERS / SPECTATORS ATTEND AT THEIR OWN RISK AND NO LIABILITY IS ACCEPTED BY THE OFFICERS/COMMITTEE OF MALLARD FENCING CLUB OR HERNE BAY JUDO CLUB FOR ANY ACCIDENT OR INJURY HOWEVER SUSTAINED WHILST ATTENDING THE CLUB.
I AGREE TO ABIDE BY THE CONSTITUTION AND RULES AND REGULATIONS OF MALLARD FENCING CLUB (COPIES CAN BE OBTAINED FROM THE COMMITTEE OR FROM OUR WEBSITE)

SIGNATURE OF APPLICANT :
Date