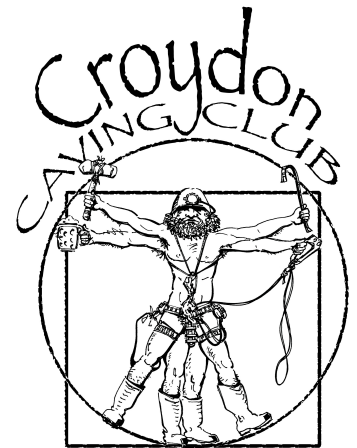


CROYDON CAVING CLUB



MEMBERSHIP APPLICATION FORM

All persons caving with Croydon Caving Club must be covered by the BCA Public Liability Insurance. Evidence of insurance cover, or temporary membership is required..

Please complete this form in CAPITAL LETTERS

NAME:			
ADDRESS:			
		POSTCODE:	
TELEPHONE NUMBER		E-MAIL:	
HOME:	WORK:		

MEMBERSHIP TYPE

Single	£10	<input type="checkbox"/>	Student	£15	<input type="checkbox"/>
Joint	£15	<input type="checkbox"/>	Temporary	£5	<input type="checkbox"/>

INSURANCE

Active Caver	<input type="checkbox"/>	Paid to another club	<input type="checkbox"/>
Non Caver	<input type="checkbox"/>	Temporary	<input type="checkbox"/>

Current BCA Public Liability Insurance rates are available from the treasurer

MEDICAL

DATE OF BIRTH:
KNOWN MEDICAL PROBLEMS:
<i>It is in your interest that other club members are aware of any conditions you may have that could put you or other members at unnecessary risk.</i>

OTHER

OCCUPATION:
PREVIOUS CAVING EXPERIENCE:

SPECIALIST INTERESTS:	
MEMBERSHIP OF OTHER CAVING ORGANISATIONS:	

DECLARATIONS

<i>I hereby apply for membership of Croydon Caving Club and agree to abide by the rules and constitution of the club. I understand and accept that caving is an adventure sport and inevitably involves an element of risk.</i>	
<i>DATA PROTECTION ACT: I do not object to information on my membership being held on a computer for administration purposes and for circulation to other club members.</i>	
SIGNATURE OF APPLICANT	DATE

Notes:
<ol style="list-style-type: none"> 1) BCA Public Liability Insurance is mandatory and must be paid separately (available through the club). 2) Membership will run until 31st January of the of the following year, except for new subs received after 1st October which will be valid for the whole of the following year. 3) All members must be 18 years old or over. 4) This form can be given to any member of the committee.

MEMBERSHIP ACCEPTED BY COMMITTEE	DATE
FEE PAID	DATE