



# Application for Membership

Cheques Payable to:

**Ampthill & Flitwick Flyers**

Forward Application to:

Membership Secretary:

Dave Sedgley, 41 Mill Lane,  
Greenfield, Bedfordshire,  
MK45 5DG  
Tel: 01525 - 714961

SURNAME \_\_\_\_\_ FORENAMES \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_ POSTCODE \_\_\_\_\_

TEL.No.(Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_ (Work) \_\_\_\_\_

EMAIL \_\_\_\_\_ FaxNo. \_\_\_\_\_

SEX: Male – Female D.of B. \_\_\_ Day \_\_\_ Month \_\_\_ Year **COUNTY** of Birth \_\_\_\_\_

If a member of another Athletic Club, Please give Club name \_\_\_\_\_

**RUNNING HISTORY** If you have competed in any of the following events, please give best times:

**5K:** \_\_\_\_\_ min \_\_\_\_\_ sec (Year) \_\_\_\_\_ (Where) \_\_\_\_\_

**10K:** \_\_\_\_\_ min \_\_\_\_\_ sec (Year) \_\_\_\_\_ (Where) \_\_\_\_\_

**5 Miles:** \_\_\_\_\_ min \_\_\_\_\_ sec (Year) \_\_\_\_\_ (Where) \_\_\_\_\_

**10 Miles:** \_\_\_\_\_ Hr \_\_\_\_\_ min \_\_\_\_\_ sec (Year) \_\_\_\_\_ (Where) \_\_\_\_\_

**Half Marathon:** \_\_\_\_\_ Hr \_\_\_\_\_ min \_\_\_\_\_ sec (Year) \_\_\_\_\_ (Where) \_\_\_\_\_

**Marathon:** \_\_\_\_\_ Hr \_\_\_\_\_ min \_\_\_\_\_ sec (Year) \_\_\_\_\_ (Where) \_\_\_\_\_

**Other events:** \_\_\_\_\_ (Please detail)

**SUBSCRIPTIONS:**

Period	Category	Adult	Couple	Family	Student / Junior / O.A.P.	Associate / Social
1 <sup>st</sup> Jan - 31 <sup>st</sup> Dec	Annual	£27	£50	£55	£15	£7
1 <sup>st</sup> Jul - 31 <sup>st</sup> Dec	6-Months	£14	£25	£28	£8	N/A
Notes				Children under 18 years.	Student in full-time education	

**DECLARATION:** I declare that I am an amateur in the broadest and commonly understood meaning of the word "amateur" and will engage in Club activities at my own risk. I suffer from no known medical condition that would make participation in Club activities injurious to my health and well being.

I agree to my personal details being held on computer by Ampthill & Flitwick Flyers for all purposes that relate to the club, and for the club to share this information with the governing body, England Athletics, as required by the conditions of this affiliation.

Signed: \_\_\_\_\_ Date \_\_\_\_\_

If under 18, Signature of Parent or Guardian: \_\_\_\_\_ Date \_\_\_\_\_

**OPTIONAL CONTRIBUTION:** The Club is only as successful as its members, if you are interested in contributing to the club in a professional or creative capacity, please detail how you would wish to do below, or overleaf:

**Do you have any medical condition of which we should be aware (diabetes, asthma etc)? If so make a note of it overleaf:**