 Red Star Athletic Club 

 Membership Form

 2019

Name:------------------------------------------------------------------------------

Address:---------------------------------------------------------------------------------------------------

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Post Code:---------------------------------------

Home Telephone/Mobile Number:-------------------------------------------------------------------

Email:------------------------------------------------------------------------------------(optional)

Athlete Date of Birth:-------------------------------------------------------

Athlete Disability:-----------------------------------------------------------------------------------------

Medical Details (if appropriate)------------------------------------------------------------------------

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Emergency Contact Name and Number:-----------------------------------------------------------

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Junior/Senior Athlete Member Paid £-------- Date:-------------------

Associate Member Paid £-------- Date:-------------------

Coach/Life Member Optional Donation £-------- Date:-------------------