



Application for Membership of Swinford Triathlon Club

Membership Year _____

Name:

Address:

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Phone (land line)

Phone Mobile

Email:

Emergency Contact name

Emergency Contact number

D.O.B:

Medical Conditions:

Please state any medical condition that could be affected/worsened by strenuous exercise.

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Current Triathlon Ireland members licence No.

Note: To be considered for membership of Swinford Triathlon Club applicants must hold a valid Triathlon Ireland Licence and are required to present their current licence with this application.

DECLARATION BY APPLICANT

I agree to abide by the Rules of the Club as laid down in the Club's Constitution/Rules if my application is accepted.

Should the Committee refuse my application I accept I am not entitled to reasons for such refusals.

I hereby declare to the best of my knowledge that the details on this application form are true and accurate.

Signed: (Applicant) **Date**.....

Proposed by: (club committee member) **Date**.....

Accepted by:(club committee) **Date**.....