

AREA

REGISTRATION OF NEW MEMBERS

PLEASE USE BLOCK CAPITALS THROUGHOUT

NAME OF CLUB: _____
SECRETARY: _____
ADDRESS: _____
POST CODE: _____
E-MAIL ADDRESS: _____

DATE:
NUMBER OF NEW MEMBERS TO BE REGISTERED _____
PLEASE ATTACH 2 PASSPORT SIZE PHOTOGRAPHS OF EACH NEW MEMBER
REGISTRATION FEES ENCLOSED £ _____
Any Team Member Registered On This Form Must Agree To Provide A Sample For Drug Testing Purposes, If Requested, At A TOWA Championship Event

The Name and Date of Birth will be shared with the Child Protection Officer if Under 18 years

Table with 4 columns: INITIALS & SURNAME, ADDRESS, DATE OF BIRTH IF UNDER 23 YEARS, REGISTRATION NUMBER. Contains 10 rows for member registration details.

