



worcester triathlon club



www.worcesterclub.co.uk

MEMBERSHIP RENEWAL FORM

To ensure we have the correct contact details for you, please fill in the information requested below and return this form with your cheque made payable to Worcester Triathlon Club, to

Membership Secretary
Worcester Triathlon Club
c/o Clement Rabjohns
111/113 High Street
Evesham, WR11 4XP

We will use this form to ensure you are kept informed about club events.

Membership Year: 2011

Contact Details

Name:

Address:

.....

Postcode:Telephone:

Date of BirthMobile:

Male/Female Email

Do you wish this information to be circulated to other members? Yes/No

Disability Information

The Disability Information Act 1995 defines a disabled person as anyone with "a physical or mental impairment, which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities."

Do you consider yourself to have a disability? Yes No

If yes, what is the nature of your disability?

Visual Impairment

Hearing Impairment

Physical Disability

Learning disability

Multiple disability

Other (please specify)

