Crewe Flyers ASC.

www.CreweFlyers.co.uk

MEMBERSHIP APPLICATION FORM

Name:	
Address:	**Phone:** **E mail:**
Date of Birth:	**Gender:** Male / Female
Disabled category:	**Ethnic origin:** ***(Self-description)***
Contact in case of emergency **Name:** **Address:** **Relationship:**	**Tel No:** **Tel No:** **Tel No:**
Declarable medication: **Allergies:**	**Category of membership:** **Swimming** **Coach/Teacher/Official** **Administrator** **Social/Associate**
Ability: **Club / County / Regional / National**	
Signed	**Date**
Signed **Parent/Carer (if under 18 years)** **Would you be prepared to become a volunteer helper** ☐ **Yes / No** ☐	**Date** **What are your qualifications:**
Please return to Club / Membership Secretary **Name:** Mrs. Maureen Edmeades **Address:** 29 St. Andrews Ave, Crewe CW2 6JJ **Tel No:** 01270 582605	