SIDMOUTH RUNNING CLUB

2026 Membership Application Form

Surname	First Name	Telephone		
Address				
Post codeEM	ost codeEMAIL (print clearly)			
Date of Birth				
Signed Date				
I wish to apply for membership of Sidmouth Running Club. If elected, I agree to be bound by the Constitution and Rules of the Club.				
<u>Very Important</u> : Only paid up members of the Club are covered by the Club Insurance. It is your responsibility to mainta your membership. The Club will remind you mid January and if not paid by the 31 st January you will no longer be a memb				
Membership Categories and Subscription Rates				
Individ	ual £25	Family	£60	
There are 2 ways of paying your subscription				
BACS to 40-42-02 A/C No. 61493078 Once you have completed the form email to: sidmouthrunningclub@gmail.com Cash together with printed form on Wednesday Club Night				
Family membership is defined as two adults plus children under 18, or in full time education.				
Surname	First Nam	e Gender	Date of Birth	
Cartificate of Authority h	u parent or avardian	(only applicable if app	dicant is under 19)	
I,, hereby certify that the above details are correct and that, if accepted, I give full consent for the applicant to become a member of the Club and to participate in training and competitions within the sport of athletics.				
Signature of Parent or Guardian		Date		

Please add sidmouthrunningclub@gmail.com to your contacts list.

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