

SPALDING HARRIERS FOOTBALL CLUB

M1

MEMBERSHIP APPLICATION FORM

Player Information

Season:

Full Name:

Address:

Postcode:

Telephone:

Mobile:

Nationality:

DOB:

Medical Details

The club should be aware of my following medical conditions:

Emergency Contact

Full Name:

Address:

Postcode:

Telephone:

Mobile:

I agree to be bound by and to observe the club rules and the Rules and Regulations of The Football Association Limited and Football Association, and all competitions in which the club participates.

I enclose £..... as a membership fee to be repayable if this application is unsuccessful.

I consent to disclosure by County Football Association.

Date:

Signature:

Secretary or Club Officer Signature:

FOR CLUB USE ONLY

Approved:

Declined: