

# **Membership Form 2016**

\*ALL DETAILS MUST BE FILLED OUT

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Previous Member: **Y / N**

## **Running Experience**

Please tick your grade:

- ◆ Beginner \_\_\_\_\_
- ◆ Novice \_\_\_\_\_
- ◆ Competitive \_\_\_\_\_

Best time over any of the following distances:

- ◆ 5 km \_\_\_\_\_
- ◆ 10 km \_\_\_\_\_
- ◆ 5 miles \_\_\_\_\_
- ◆ 10 miles \_\_\_\_\_
- ◆ N/A \_\_\_\_\_

Have you set any targets for this year i.e. 10km, Mini Marathon, Marathon etc.?:  
\_\_\_\_\_

Would you like to be considered for inclusion on a Competitive Club Team? **Y / N**

## **Medical Declaration**

Do you suffer from any Medical Condition that may affect your running? **Y / N**

If Yes, the Carrick-on-Suir A.C. –Road Runners Club, under Athletics Ireland requirements, require you to undergo a full Medical Examination from your G.P.

## **Membership Renewal 2016**

*If address or mobile number changed in past year please fill in details.*

Date: \_\_\_\_\_

Name: \_\_\_\_\_

*Address change if  
applicable* \_\_\_\_\_

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*Phone Number if changed* \_\_\_\_\_

*Email Address if changed* \_\_\_\_\_

### **Payment €30**

Have you set any targets for this year i.e. 10km, Mini Marathon, Marathon etc.,:

\_\_\_\_\_

Would you like to be considered for inclusion on a Competitive Club Team? Y/N

### **Medical Declaration**

Do you suffer from any Medical Condition that may affect your running? Y/N

If Yes, the Carrick-on-Suir A.C. –Road Runners Club, under Athletics Ireland requirements, require you to undergo a full Medical Examination from your G.P.