



Membership Application Form
Membership runs from 1st January – 31st December

Name _____ D.O.B. _____

Address _____

Postcode _____ Telephone _____

Mobile _____ Email _____

Transponder No _____ BRCA No _____

I agree to abide by the rules and regulations of the BRCA and the Club as laid down in the Club's Constitution.

Signed _____ Date _____

***Additional declaration for under 18s**

***I agree to be responsible for my child/children at all club events and will nominate a guardian over the age of 18 to be responsible for my child/children in my absence.**

Under 18's can not be left un-attended, the club is not responsible for their care

Signed _____ Parent/Guardian Date _____