CROYDON CAVING CLUB

MEMBERSHIP APPLICATION FORM

All persons caving with Croydon Caving Club must be covered by the BCA Public Liability Insurance. Evidence of insurance cover, or temporary membership is required.





NAME:					
ADDRESS:					
			POSTCODE:		
TELEPHONE NUMBER			E-MAIL:		
HOME:	MOBILE:				
YEAR OF BIRTH (for BCA statistical use):					
MEMBERSHIP TYPE					
Single	£12	Student		£9	
Joint	£18				
INSURANCE		-			
Active Caver	£20	Student		£8	
Non Caver	£6	aged 16 and	17	FREE	
Paid to another club, BCA nur	nber:				
MEDICAL		_			

KNOWN MEDICAL PROBLEMS:

It is in your interest that other club members are aware of any conditions you may have that could put you or other members at unnecessary risk.

OTHER

OCCUPATION:				
PREVIOUS CAVING EXPERIENCE:				
SPECIALIST INTERESTS:				
MEMBERSHIP OF OTHER CAVING ORGANISATIONS:				
DECLARATIONS				
I hereby apply for membership of Croydon Caving Club and agree to abide by the rules and constitut				
club. I understand and accept that caving is an adventure sport and inevitably involves an element of				
DATA PROTECTION ACT: I do not object to information on my membership being held on a computer for				
administration purposes and for circulation to other club members.				
SIGNATURE OF APPLICANT	DATE			
Notes:				
1) BCA Public Liability Insurance is mandatory and must be paid separately (av	vailable			
through the club).				
2) Membership will run from 1^{st} January. The subs paid by new members joining	g after 1 st			
October will cover the whole of the following year (there are reduced BCA	rates).			
3) All members must be 16 years old or over. For those aged 16 and 17, consent of				
parent/guardian is required.				
4) This form can be given to any member of the committee.				
MEMBERSHIP ACCEPTED BY COMMITTEE	DATE			
FEE PAID	DATE			
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