



Pont-y-pŵl & District Runners

Application for Membership.

NAME.....

MALE/FEMALE..... DATE OF BIRTH.....

ADDRESS.....
.....

POSTCODE.....

TELEPHONE NUMBER/S.....

E-MAIL
ADDRESS.....

Do you have membership of any other sports clubs? Yes / No*
If yes, please advise which discipline: (circle relevant field)

Track/Field Road Running Fell/Mountain Cross Country

DECLARATION

The club is affiliated to Welsh Athletics, and is governed by their rules and regulations.

I wish to become a member of Pont-y-pŵl & District Runners, and agree to be bound by the club rules and constitution- (and as stated by Welsh Athletics).

Signed.....Date.....

*Delete as appropriate

Return to: Christine Vorrés – 17 Museum Court, Griffithstown, Torfaen NP4 5GZ

Date rcvd.....Membership no.....