

MEMBERSHIP APPLICATION FORM

Please send your completed form to: memberships@bathswordclub.co.uk

Personal details of any member or participant are not disclosed to any third party

Personal Information:				
Name:				
Addr	ess:			
Phone Number:				
E-mail:				
Date	of Birth:			
Britis	h Fencing Number:			
Emergency Contact Name:				
Emergency Contact Number:				
Prefe	rred Weapon:			
Medical Conditions:				
Tic k	Membership Type	Annual Fee		Monthly Payment
[]	Adult Club	£540		£45
[]	Junior Club	£396		£33
[]	Student (with NUS card)	£420	£420	
[]	Reverse Students	£120		£10
Please pay via monthly standing order, using your name as a reference to:				
Account Name: Bath Sword Club – Sort Code: 09-01-52 – Account: 40578708				
I accept that Bath Sword Club, it's coaches, instructors and class members cannot be held responsible for any loss, damage or injury sustained whilst participating in fencing activities at Bath Sword Club.				
I give permission for Bath Sword Club to take photos or videos of MYSELF / MY CHILD for use in promoting the club internally and on social media YES / NO				
Please select one: [] I am over 18, or [] I am signing as the parent / guardian				
Signe	ed:		Date:	