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| **MEMBERSHIP APPLICATION FORM**  PLEASE COMPLETE ALL DETAILS IN BLOCK CAPITALS & RETURN WITH YOUR SUBSCRIPTION TO:  [**natbdogsports@gmail.com**](mailto:membership@natbdogsports.com)  For all online payments please use **your** name as reference  **Account Name: NATB Dog Sports - Account Number: 65690510 - Sort Code: 08-92-99** |

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| Prospective club members must be recommended by an existing member. Their application will then have to be approved and once the membership fee of £10 has been received they will be added to the club pages. |

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| Applicant Details: | | | |
| First Name |  | Surname |  |
| Address |  | | |
|  | | Postcode |  |
| Telephone Number |  | Mobile Number |  |
| Date of Birth |  | Email Address |  |

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| Medical Information |
| Please detail any important medical information that you feel the club should be aware of (e.g. epilepsy, asthma, diabetes, allergies, etc.) **Please do not leave blank** – if there is no information please write ‘None’. |
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| Emergency Contact Details: | | | |
| This should be the person you wish to be contacted in the event of an incident/accident. | | | |
| First Name |  | Surname |  |
| Relationship to you |  | | |
| Telephone Number |  | Mobile Number |  |

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| Federation and Insurance details: | |
| **B**ritish **S**leddog **S**ports **F**ederation – Membership Number |  |
| **N**ational **S**leddog **S**ports **C**entre – Membership Number |  |
| **UCSC** – Member Yes/No |  |
| Other: | |
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| **I wish to apply for membership of N.A.T.B. Dog Sports and by returning this completed form, I agree that I have read the club constitution and I agree that I will abide by all that the club stands for and that my dog/s will come first when attending club events. I also understand that canicross, scooter/bike-joring and dryland mushing can be hazardous and I participate at my own risk. N.A.T.B. Dog Sports will not be held responsible by my actions or for any possible injury/accidents to myself or that I may cause to others.** | |
| Signature: | Date: |