



Galway Speeders Club

Membership Form

This form is to be used only for participant members **aged 18 and over**.

Membership is subject to ratification by the Committee

Member Details (aged 18 and over) (please print in BLOCK capitals)

Forename: _____ Surname: _____ Male/Female: _____

Date of Birth (Mandatory): _____

Details of known Allergies, Conditions, Medications being taken:

Wheelchair User?
Yes/No

Mobile Number (Mandatory): _____

Email (Essential for club news): _____

Address: _____

DATA PROTECTION

Galway Speeders Club is committed to ensuring it meets the specific responsibilities set out in the Data Protection (Amendment) Act 2003.

PERSONAL ACCIDENT INSURANCE

Galway Speeders Club does not provide **Personal Accident** Insurance for members.

By signing below the applicant for membership affirms that the details contained herein are correct to the best of his/her knowledge and further agrees to abide by the rules and regulations of Galway Speeders Club.

Emergency Contact Person. Please fill in below in BLOCK Capitals.

Forename: _____ Surname: _____ Relationship: _____

Mobile Number (Mandatory): _____

MEMBER SIGNATURE:

DATE: