



Membership Form 2020

2020 Membership Fee: €120

(Receipts provided on request)

Member Details:

New member

Renewal

First name*: _____ Surname*: _____

Date of Birth*: _____ Gender*: Male Female

Phone No*: _____

Email Address*: _____

Address*: _____

Any previous Athletics Club: _____

Please note that membership of an AAI-affiliated club within the last 3 years will be subject to the AAI transfer process. Please discuss with a member of the committee / refer to www.athleticsireland.ie

The member details listed above will be used for the purpose of registration of members with Athletics Ireland. This information may also be used by a committee member for the purpose of race registration if you have indicated you wish to be registered.

This information will be securely retained for the duration of membership and will be deleted on transfer or 3 years after cessation in line with AAI transfer policy. Information is retained by the club registrar and/or secretary and will be transferred / deleted when roles transfer. Membership forms may be retained in a secure location for a period of 3 years on the receipt of a new annual membership or not. Please discuss with a member of the committee if you have any concerns / questions.

Note: the provision of the information marked * above is mandatory for registration with AAI and insurance and as such is a condition of membership of the club.

The contact details provided above may be used to send club communications, training notices etc or to provide receipts. These details will also be shared with Athletics Ireland as per above.

We would recommend you consult your doctor before starting training with us and have regular check ups.

Race Series: As the majority of our funding comes from the Dublin Race Series, all members will be expected to assist / marshal at two races in the 2020 Dublin Marathon Race Series.

Please tick to indicate your consent for:

- Use/retention of information as above: Yes No
- Use of contact details as above: Yes No

Signature: _____ **Date:** _____

Emergency Contact Details

If you would like to provide the name and phone number of an emergency contact please do so below. This information will be retained securely but will be accessible to committee members to be used in the event of an emergency

Name: _____ Contact Number: _____