



**FULL ADULT - £10.00**  
(18 Years and Over)

**MEMBERSHIP FORM**

**2018**

**COMPLETE IN BLOCK CAPITAL LETTERS**

**FULL NAME:** \_\_\_\_\_  
(INCLUDE TITLE – I.E. MR, MRS ETC.)

**FULL POSTAL ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **POST CODE** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**TELEPHONE NUMBER(S):** \_\_\_\_\_

**BB LEADER REGISTRATION NUMBER:** \_\_\_\_\_ **EXPIRY:** \_\_\_\_\_

**BB CRB/DBS DISCLOSURE DOC NUMBER:** \_\_\_\_\_

Do you object to the Club holding your details on a computer database? – YES / NO  
Do you object to the Club displaying photographs of you on website/social media? – YES / NO

PLEASE NOTE – MEMBERSHIP IS ANNUAL FROM JANUARY TO DECEMBER

**MEDICAL DETAILS:**

Members Doctor: \_\_\_\_\_

Surgery Address: \_\_\_\_\_

\_\_\_\_\_ **POST CODE:** \_\_\_\_\_

Doctors Telephone: \_\_\_\_\_ **NHS Number:** \_\_\_\_\_

Details of known allergies/sensitivities: \_\_\_\_\_

Have you been immunized against Tetanus within the last 5 years? YES / NO

**NEXT OF KIN / EMERGENCY CONTACT**

Name: \_\_\_\_\_

Relationship to Member: \_\_\_\_\_

Contact Details: \_\_\_\_\_

\_\_\_\_\_

**CONSENT:** I wish to take part in adventurous activities as a member of this club. I realize that some of these activities involve an element of risk and hereby declare that I will participate in the club's activities at my own risk and will not hold the Boys' Brigade Mountaineering Club its members and the Boys' Brigade Organization liable for any mishap (accidental or otherwise) which may occur or its consequences. I also agree to be bound by all the Clubs rules and regulations.

**Members Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

PLEASE RETURN COMPLETED FORM AND CHEQUE MADE PAYABLE TO BOYS' BRIGADE MOUNTAINEERING CLUB TO: ANDY HOLLAND, 37 KIRKLANDS, CHIPPING, PRESTON, LANCASHIRE, PR3 2GN.