## South Molton Strugglers Membership

Fields marked * are required	Membership No.
Personal Details	
Title*	Mr / Mrs / Miss / Ms / Doctor / Other
First Name*	
Surname*	
Date of Birth* (d/mm/yyyy)	
Gender	Male / Female
Ethnicity	a.c / T ca.c
Disability Category (if applicable)	
Diedomity Gatogory (ii applicable)	
Address Details (* required)	
House number or name*	
Postcode	
Address 1*	
Address 2	
Address 3	
Town or City*	
County*	
Country*	
Country	
Contact Details (if you want to sup	unly thom)
Telephone number/s priority:	
priority:	
email	<u>                                     </u>
eman	
Athletics Details (* required)	
Date of Election	will autofill
Primary Role*:	Athlete / Club Contact / (or other: please state)
other:	· · · · · · · · · · · · · · · · · · ·
Role Category*:	Competitive or Social
Competitive region*	South
National eligibility*	Birth
,	
Data Protection Statement	
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of athletics in carrying out these purposes.	
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Signed:	Date
Print:	