

LEICESTER WALKING CLUB

Affiliated to R.W.A. (M.A.) L&R.A.A. M.C.A.A. M.C.W.A.A.

Life Members: A.H. JOHNSON B.J. RAWLINGS P. MARKHAM B. KIBBLE T.G.R. SHARLOTT J.C. SMITH B. ADAMS D.H. TRIGG P. ADAMS C.R. BERWICK

Training Headquarters: LIVINGSTON HOUSE, HAYNES ROAD, LEICESTER. LE5 4AQ

Application for Membership

Surname :	Forenar	me(s) :
Address:		Sex: Male / Female
		Date of Birth:
		Telephone :
		Postcode:
If you are applying fo	or second claim membersh	ip please state you first claim club here:
First Claim Club: _		
· ·	ly been a member of anoth ease enter the details of yo	er race walking or athletics club (other than first ur last club here :
Previous Club :		Date Membership Ended:
I wish to join the Lei amateur as defined by		agree to abide all its rules. I declare that I am an
Signed	:	Date :
	16 years of age - I conse	ent to my child becoming a member of the Leicester
Walking Club. Signed	1:	(Parent/Guardian)
Proposed By:		Seconded By:
Accepted at General	Committee Meeting held	on:
	Hon. Se	ec. :