



Annadale Hockey Club

Membership Form

Surname	
First names	
Known as	
Date of Birth	
Address	
Postcode	
Tel. Home	
Tel. Mobile	
Email	
Any relevant medical info	

Category of Membership FULL / U21 Student / Exile

IMPORTANT NOTES:

If you do not indicate your agreement for **us** to make contact with you, we may be unable to provide you with details of matches, events or other relevant club information.

We would like to maintain a record of your express consent for **us** to contact you by telephone, email and SMS or instant messaging for matches, events or other relevant club information. Please indicate your consent to **us** contacting you by any of the means specified below:

Phone Email SMS or Instant Messaging (Whatsapp or similar service)

I also agree that photos of me may be used on the Annadale social media sites or by the press to promote the club.

Signature

Date / /

Parents Signature
(if under 18)

Date / /