



WINCHESTER WALKING FC

Membership Form

Your Details:

Name:

Address:

Postcode: _____ Date Of Birth: _____ Gender:

Mobile No: _____ Landline:

E-Mail address:

Medical Information:

Please list all medication/allergies/implants/equipment - this is confidential information used discretely and shared only in a medical emergency, or when needed by competition organisers for that purpose:

Doctor's Name:

Surgery Address:

_____ Phone No:

Next of Kin: _____ Phone No:

Fees:

Annual Membership fee: £18 - Standing Order preferred please

Weekly Training fee: £5.00 per session/£15 per month – pay online on the day or monthly

WWFC Banking details:
Bank A/c Name: WALKING FOOTBALL
Sort Code: 30 98 97Bank A/c No: 34651962

If you are associated/registered/1st claim with another club, please tell us who:

Please tell us how or where you heard about WWFC:

Signed: _____ Dated: _____

****Please complete form by hand and return to the Club Secretary or any Committee Member****