



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 97 Bank A/c No: 34651962

Registration:

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****