



Wessex wizards Triathlon Club Membership Form

Join Date																	
First Name																	
Surname																	
Date of birth																	
Address																	
Postcode																	
Home Tel No																	
Mobile No																	
E-mail (required for weekly bulletins)																	
Gender																	
Occupation																	
BTA Number (if applicable)																	
Emergency contact name and phone number																	
T-shirt Size (please circle)	<table style="display: inline-table; border: none;"> <tr> <td colspan="4" style="text-align: center;">Mens</td> <td colspan="4" style="text-align: center;">Womens</td> </tr> <tr> <td style="text-align: center;">S</td> <td style="text-align: center;">M</td> <td style="text-align: center;">L</td> <td style="text-align: center;">XL</td> <td style="text-align: center;">S</td> <td style="text-align: center;">M</td> <td style="text-align: center;">L</td> <td style="text-align: center;">XL</td> </tr> </table>	Mens				Womens				S	M	L	XL	S	M	L	XL
Mens				Womens													
S	M	L	XL	S	M	L	XL										

Your personal data will be stored electronically in accordance with the Data Protection Act 1998. Your details will not be passed to any third parties

Membership Fees Annual membership (April-March) £30
 Pro rata membership for part year £3 per month

Paid £.....

Session Fees 10 session pre-paid card £34
 Individual sessions £4 members, £5 non members

Signature

Please Insert Photo

Please return completed form to: Secretary, Wessex Wizards, 13 Church Street, Wincanton, BA9 9AA