

MEMBERSHIP FORM

NEW/RENEWAL (please circle)

* Compulsory details

* DATE: ____ / ____ / ____

PERSONAL:

* FIRST NAME(S): _____ SURNAME: _____

* GENDER: Male: Female:

DATE OF BIRTH: ____ / ____ / ____

ADDRESS: _____

POSTCODE: _____

E-MAIL (must be unique to user, one member/one email) : _____

TELEPHONE:

Home: _____ Work: _____ Mobile: _____

EQUITY DATA: (The following questions are NOT compulsory, but are part of a commitment made by scottishathletics to Equity Standard: a framework for sport. This audit of our members is part of the organisation's strategy to enable us to identify any under-represented groups and to address any emerging issues)

ETHNIC ORIGIN:

WHITE:

Scottish: Other British: Irish: Other:

MIXED:

Any mixed background:

ASIAN, ASIAN SCOTTISH OR ASIAN BRITISH:

Indian: Pakistani: Bangladeshi: Chinese: Any other:

OTHER ETHNIC BACKGROUND:

Any other ethnic background:

DISABILITY:

Please indicate if you regard yourself as having a disability. Yes: No:

If yes, please indicate which category your disability falls into:

Physical: Learning: Sensory (Visual): Sensory (Audible): Other:

