



Membership Form 2010 - 2011

Senior Playing/Senior Non-Playing

Name of Player:..... D.O.B.....

Address:.....

..... Postcode:.....

Telephone:..... Mobile:.....

Email:.....

Playing Position:.....

Previous Clubs (if any):.....

Are you registered with any other club?

.....

Medical Condition:.....

Coaching Qualification (if any):.....

***I consent to photos / video or quotes involving the persons named on this form to be used for future publicity and promotion for BRFC. I understand I can withdraw my consent at any time in writing to the Club Secretary.**

In compliance with the Data Protection Act, we must point out that the information on this form will be kept on a database. The data will be used for automatic processing for annual membership and information distribution. If you do not wish to receive such mailings please tick here