

Welsh Pole Vault Association

Application for Membership

Name:

Address:

Postcode:

Telephone No: -Home:
-Mobile:
E-mail Address:

Club:
School:

Date of Birth:

Membership Category (please tick appropriate box)

| | | | |
|---------------------|--------------------------|-----------|--------------------------|
| Athlete | <input type="checkbox"/> | Parent | <input type="checkbox"/> |
| Coach (qualified) | <input type="checkbox"/> | Supporter | <input type="checkbox"/> |
| Coach (unqualified) | <input type="checkbox"/> | Sponsor | <input type="checkbox"/> |

| Personal Bests: | Indoor | | Outdoor | |
|-----------------|--------|----------|---------|----------|
| | Season | Lifetime | Season | Lifetime |
| Pole Vault | | | | |
| 100 Metres | | | | |

Please give this completed form together with your membership fee of £30.00 for 12 months to: -
Lyndsey Maund
21 Hillcrest, Brynna, Pontyclun, R.C.T, CF72 9SJ
or during any training session

Payment may be made in three payments of £10
 Cheques/Postal orders should be made payable to "The Welsh Pole Vault Association"
 For all athletes under the age of 18, this form must be accompanied by a medical declaration form