

**PENNINE FELLRUNNERS**  
(Founded December 1983)  
**MEMBERSHIP APPLICATION**

The annual club subscriptions for 2019 are as follows:

Adult Individual Members (over 18) - £7

Family Membership\* - £10

\*Family Membership is available to couples and parents with their under 18 children. The club does not accept under 18 Individual Members.

Membership runs from **1<sup>st</sup> Jan. to 31<sup>st</sup> Dec.** but anyone who joins from **1<sup>st</sup> Oct** onwards is granted membership until the end of the next calendar year.

**Adults**

Full Name	Male/Female	Date of Birth

**Children**

Full Name	Male/Female	Date of Birth

**Please note:** At the 2007 AGM it was decided not to register any club members with England Athletics. Therefore in order to count in English or British Championship events either as an individual or as a member of a Pennine team, anyone over 11 must be a member of the Fell Runners Association(FRA).

FRA Application forms available at <http://www.fellrunner.org.uk/join.htm>

**Please also note:** Pennine's Participation Statement. As a club, Pennine Fell Runners recognises that fell running is an activity with a danger of personal injury or death. As participants in this activity, all adult members of the club must be aware of and accept these risks and be responsible for their own actions.

Address.....

Post Code.....

Tel. No. .... Mobile No. ....

Email Address.....

Previous Club (if any).....

Date of written resignation from above.....

Name of an existing member who is willing to propose you.....

**Adult 1 Emergency contact name:**.....

**Address:**.....**Phone:**.....

Please read [Pennine Personal Data Policy](#).

And indicate in this box if you agree to your personal details being used in accordance with this policy [Yes/No]

**Signed (Adult 1):**.....**Date**.....

**Adult 2 Emergency contact name:**.....

**Address:**.....**Phone:**.....

Please read [Pennine Personal Data Policy](#).

And indicate in this box if you agree to your personal details being used in accordance with this policy [Yes/No]

**Signed (Adult 2):**.....**Date**.....

Please complete the Standing Order Mandate overleaf and send to your bank. Return this form to the Membership Secretary: Alan Brentnall, 1 Cliff Villas, Thornsett Lane, Birch Vale, High Peak, SK22 1DN

Phone: 01663 746476 Email: [membershipsecretary@penninefellrunners.co.uk](mailto:membershipsecretary@penninefellrunners.co.uk)

# Standing Order Mandate

Name of Bank.....

Address .....

Please tick relevant box:

- New Instruction
- Please amend previous Standing Order quoting reference/beneficiary

## ACCOUNT TO BE DEBITED

SORT CODE

ACCOUNT NUMBER

ACCOUNT NAME

## BENEFICIARY DETAILS

BANK

BRANCH DETAILS

SORT CODE

ACCOUNT NUMBER

BENEFICIARY NAME

REF /Your name \*

## PAYMENT DETAILS

AMOUNT OF FIRST PAYMENT £

Cross out where applicable

DATE OF FIRST PAYMENT

AMOUNT OF USUAL PAYMENT £

Cross out where applicable

AMOUNT OF USUAL PAYMENT IN WORDS

Cross out where applicable

TO BE PAID

ANNUALLY

DATE OF USUAL PAYMENT

COMPLETE EITHER

AMOUNT OF LAST PAYMENT £

& DATE OF LAST PAYMENT

OR PLEASE CONTINUE PAYMENT UNTIL FURTHER NOTICE

CUSTOMER SIGNATURE(S) ..... DATE

CUSTOMER CONTACT TELEPHONE NO:

*All boxes must be completed in order for the standing order to be processed*