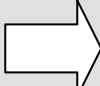


**CYPRUS RAMBLING CLUB
MEMBERSHIP APPLICATION FORM**

www.csrc.ws

Type of application 				INITIAL <input type="checkbox"/>	RENEWAL <input type="checkbox"/>	HONORARY <input type="checkbox"/>
Full Name						
Contact Address						
Phone Number & Fax?	HOME	MOBILE	OFFICE			
Email Address (If Applicable)						
<i>(for family membership only)</i> Name and ages of Partner and Children who will be CSRC Members	Partner			DoB		
	Children			Ages		
<i>For initial applications, please state if you have been a member of the CRC before and give dates.</i>						

Authorisation

I authorise the Committee Members of the CRC to be given my contact details for the purpose of passing information to me concerning the activities of the CRC by post, phone, fax or email.

Signed.....

Date.....20/10/17.....

All applicants for initial and renewal of membership are to read and sign to confirm that you have been informed of the following personal obligation for insurance cover.

Insurance & Personal Liability

I confirm that I have been made aware that the CRC does not have medical insurance cover or personal liability insurance cover for members and that I am responsible for arranging insurance cover for myself (and my family where applicable) should I require it and that the Committee of the CRC, and other Members of the Club cannot be held liable in the event of an accident or injury to myself (or my family if applicable).

Declaration

I agree to abide by the Constitution and Rules of the Cyprus Rambling Club, and enclose a cheque for my annual subscription (Single €10 or Family €20) made out to the 'Cyprus Rambling Club'

Signed.....

Date...20/10/17.....

Please place in an envelope and pass to the Club Secretary or any committee member