

NORWICH CITY HOCKEY CLUB

MEMBERSHIP FORM 201_/201_

TITLE:	Mr / Mrs / Miss / Dr / Prof	
SURNAME:		
FORENAME(S):		
ADDRESS:		
POSTCODE:		
TELEPHONE NO:	HOME	BUS.
	MOBILE	
E-MAIL ADDRESS:		
DATE OF BIRTH		
PLACE OF BIRTH		
OCCUPATION		
PLAYING POSITION(s)		
SHIRT NUMBER		
ANNUAL SUBSCRIPTION		
METHOD OF PAYMENT & AMOUNT:	Standing Order / Direct Credit / Cheque / Cash	
FREQUENCY:	Weekly / Monthly / Yearly	

WOULD YOU LIKE TO JOIN THE CLUB LOTTERY?	YES / NO
CAN YOU SPARE A SMALL AMOUNT OF TIME BY BEING INVOLVED WITH PROJECTS AROUND THE CLUB'S FUTURE? (AS AN EXAMPLE, 2ND PITCH FUNDRAISING ASSISTANCE)	YES / NO
TO ASSIST CLUB OFFICIALS?	YES / NO
If YES have you any preference in how you could help e.g. Social functions, Youth events, Administration, etc.?	

Please return completed form and payment to (cheques payable to "Norwich City Hockey Club")
Guy Thrower, Summer Place, High Street, Ludham, Gt Yarmouth, NR29 5QQ

NORWICH CITY HOCKEY CLUB

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ETHNICITY OF CLUB MEMBERS	
White British	
White Irish	
White Other	
Mixed – White and Black Caribbean	
Mixed – White and Black African	
Mixed – White and Asian	
Mixed – Other	
Asian or Asian British – Indian	
Asian or Asian British – Pakistani	
Asian or Asian British – Bangladeshi	
Asian or Asian British – Other	
Black or Black British – Caribbean	
Black or Black British – African	
Black or Black British – Other	
Chinese	
Other Ethnic Group	

Please place a X in the appropriate box

DISABILITY OF CLUB MEMBERS	
Deaf	
Visually Impaired	
Hearing Impaired	
Physical disability	
Learning disability	
Multiple disability	

Please place a X in the appropriate box

Please note that we may use your email address for communicating with you about activities and events relating to Norwich City Hockey Club ONLY, and it will not be used or sold on for any other use.

Please complete the above information as it is required by ourselves, England Hockey and Sport England for use with funding applications.

Thankyou.

w. <http://www.norwichcityhc.co.uk>
e. membership@norwichcityhc.co.uk

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