



Dublin Phoenix Nordic Walking Club

Application Form for Club Membership

I (full name): _____

Of (address):

Phone Landline _____ Mobile _____

Email: _____

apply for membership of Dublin Phoenix Nordic Walking Club.

I acknowledge receipt of a copy of the Club's Constitution (and rules) and agree to be bound by them.

I accept that all Nordic Walking activities may carry a risk of personal injury or death. I am aware of and shall accept these risks and wish to participate in these activities voluntarily and shall be responsible for my own actions and involvement.

Signature: _____

Date: _____

Name (block capitals)

Witnessed by:

Signature: _____

Date: _____

Name (block capitals)

In the event of an emergency please contact my next of kin:

Name: _____

Contact number: _____

. Please ask a member of the committee for a copy of this form.

Please return completed form with € 50.00 membership fee to: The Club Secretary. (Dublin Phoenix Nordic Walking Club).