

IAWA (UK) Membership Form

(manual form for use if not applying or renewing online)

| Surname: First Names: Address: Post Code: Telephone No: Telephone No: Date of Birth: Sex Category: M / F / MX Email: Sex Category: M / F / MX Email: Sex Category: M / F / MX The yearly fee is £20.00 M / F / MX Image: Sec Category: M / F / MX The yearly fee is £20.00 Those under the age of 17 at the time of joining need pay only £10.00. Any extra contribution to help with our Drug Testing Programme would be most gratefully received. Please specify amount and include with Membership Fee. f Method of Payment (tick to confirm) - Cheque Bank Transfer Bank Transfers can be accepted to the IAWA (UK) Account: Sort Code: 56-00-55 Account Number: 12578746 Send to · IAWA(UK) / O. Paul Barette , MetamorFIT, 5F Southbourne Business Park, Courtlands Rd, Eastbourne, BN22 8UY Telephone: 01323 726833 DISCLAIMER In consideration of IAWA (UK) accepting my application for Membership, I hereby release all claims for damages, losses and injuries that I may hold against IAWA (UK), their Promoters, Officials, Coaches, Referees and assistants whilst participating in any IAWA Events. Signature: Date: DetecLARATION I, the undersigned, understand the Rules and Regulations of the IAWA(UK), in particular to it's drugs Policy; and I shall be |
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| I, the undersigned, understand the Rules and Regulations of the IAWA(UK), in particular to it's drugs Policy; and I shall be |
| circumspect in all matters relating to the Drugs Issue and fully understand that at any time I may be called upon to provide a sample for testing to Officials of the IAWA or Independent Sampling Officers, which if found positive may render me with a Life Ban from IAWA. |
| Signature: Date: |
| <u>Member Application - UNDER 18 YEARS OF AGE</u> _(to be completed by Parent /Guardian) |
| I / We,the Parent/s-Guardian/s of |
| Give my/our consent for inclusion in all Activities organised by the IAWA, and understand that the IAWA(UK) has a Child Protection Officer, and a Child Protection Policy and acknowledge that I/we may have a copy of this policy at any time; obtainable from the General Secretary. |
| Signature/s: Date: |