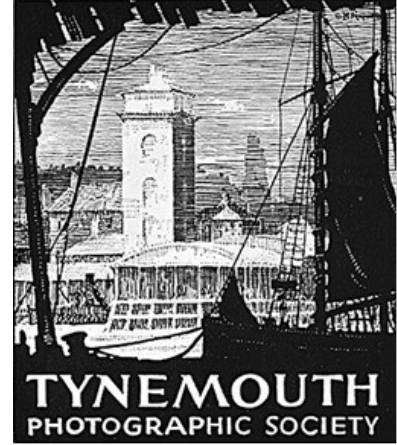


Tynemouth Photographic Society

Membership Form



Name: _____
Date of Birth: _____
Address: _____

Postcode: _____

Please select one of the following and tick your preferred method of contact.

Tel (home): _____ Tel (work): _____
Tel (mobile): _____ E-mail: _____

How did you find out about us? _____

The next section is purely voluntary and is in-keeping with the general risk assessment criteria used by most Clubs and Societies.

If you would like to give details of any allergies that you think we, as a Club, should be aware of. Refreshments are served after each meeting and picnic/evening outings are regularly organised. It may help us to arrange more suitable venues if we are alerted to mobility concerns, allergies and medical conditions in advance. All information will be treated with the utmost discretion. Your safety and enjoyment at TPS is our main concern

If you would like to provide details of medication (e.g. Epipen) and how they should be administered if and when necessary:

Emergency Contact:

Name: _____
Address: _____

Postcode: _____
Relationship: _____
Telephone: _____

Declaration:

By signing the above Membership Form, I hereby agree to abide by the Rules of the Club which can found on the club website

www.tynemouthps.org

Signed: _____ Date: _____

For members under 18 - Parent or Guardian Name: _____
Contact Details: _____

Signed: _____ Date: _____