



Rudyard Sailability

GROUP MEMBERSHIP APPLICATION FORM

For safety reasons a medical questionnaire must be completed by all group members before taking part in any activities.

A medical questionnaire can be downloaded from www.rudyardsailability.org.uk/membership

To be completed in full by group organiser or their deputy (BLOCK LETTERS – BLACK INK)

GROUP CONTACT DETAILS	
TITLE	
SURNAME	
FIRST NAME	
ADDRESS	
TELEPHONE	(home)
	(mobile)
E-MAIL	
ORGANISATION NAME	
TYPE OF ORGANISATION	
POSITION IN ORGANISATION	
SECOND CONTACT DETAILS	
TITLE	
NAME	
ADDRESS	
TELEPHONE	(home)
	(mobile)
E-MAIL	
Membership information	
Group memberships are by arrangement with Rudyard Sailability. Please contact the membership secretary for further information. (please complete this group membership form, include all group members)	

GIFT AID DECLARATION: I am a UK tax payer and I would like my donation to be tax effective under the gift aid scheme. Signature Print Name Date
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In accordance with the Data Protection Act 1987 your details will only be used for the purpose of Rudyard Sailability membership and will not be passed on to any third parties.

Sailing for People who Live with Disability

Name of Organisation

Group Organiser Name

Please list all members of the group below

Forename	Surname	Sex M / F	DOB	Notes (Please indicate type of disability if any)

If you require further group membership continuation forms then contact the membership secretary, or download from www.rudyardsailability.org.uk/membership.