## The FA Charter Standard Club Programme Membership Registration Form





## Football Club Membership Registration Form

Full Name
Home Address
Post Code
Home Tel No (inc STD code)
Date of Birth
E-mail
Signed
Player Position (if applying as a playing member) Please tick
Goalkeeper Defender Midfield Forward
Non-Playing Skills
Coach Administrator Fund-raiser Other
Education Details (if applicable)
Headteacher
PE Teacher
School
Address
County
Post Code
Current School Year
Telephone No (STD Code)

Medical Details
Please indicate if you have any medical conditions we should be aware of,
e.g. asthma
Status (Please tick) Mr Mrs Mrs Other Other
First Name
Surname
Emergency Telephone No
Mobile No
E-mail
In the event that the above named person cannot be reached, please give two extra emergency contact names and numbers
Name
Emergency Contact No
Name
Emergency Contact No
Signed
Print