**Western Isles Badminton Association**

**19/20 MEMBERSHIP FORM**

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| --- | --- |
| **Name** |  |
| **Date of Birth** |  | **Gender** *(Circle one)* | **M** | **F** |

|  |  |
| --- | --- |
| **Name of Club****(leave blank if none)** |  |
| **Address** |  |
| **Contact Details** | **Mobile No. :****E-mail : Must have!**  |
| **Emergency Contact** | **Name :****Tel. No. :** |
| **Medical Information** |  |

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| For those under 16:I confirm that I am happy with photographs being taken of my child when involved in anevent organised by **Western Isles Badminton Association, Highland Badminton Group** and **BadmintonScotland** | **Y** | **N** |

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| **Membership – youth u18 £2, adult 18 and over £5 - enclosed** *(cheques to Western Isles Badminton association) – send to Donna Bray, Western Isles Badminton Association, Tide Run, Aird Tong, Isle of Lewis, HS2 0HT.* | **Y** | **N** |

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| **Signature (of Parent or Guardian for those u16)** |  | **Date** |  |