

**CENTRAL LONDON FENCING CLUB**  
**MEMBERSHIP FORM FOR ADULTS**

**FIRST NAME:** .....

**LAST NAME / SURNAME:** .....

**DAYTIME TELEPHONE NUMBER:** .....

**MOBILE NUMBER:** .....

**POSTAL ADDRESS:** .....

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**E-MAIL ADDRESS:** .....

**BIRTHDAY:** (i.e. 23<sup>rd</sup> June) ..... *(optional)*

**AGE:** (i.e. 41) ..... *(optional)*

**DO YOU HAVE ANY PRE-EXISTING MEDICAL CONDITIONS / INJURIES?**

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**EMERGENCY NEXT OF KIN CONTACT:**

**CONTACT NAME:** .....

**CONTACT NUMBER:** .....

**RELATIONSHIP TO YOU:** .....