

# Membership Form

NAME .....

ADDRESS .....

.....

.....

Post Code .....

PHONE Nos .....

E-MAIL .....

SEX:                    M / F                    DATE OF BIRTH .....

If under 16 years of age signature of Parent/Guardian.....

*Members who are under the age of 16 must be accompanied at all times,  
by a responsible adult to each training meeting or group event.*

MEMBERSHIP FEES:

- Single Person Membership.....£15
- Couple Membership ..... £26
- Three Person Membership ..... £37.50
- Four Person Membership ..... £50
- Four Person Membership ..... £60
- Additional Members after four ..... +£12

Combat Insurance Premium .....+£5 per Fighting Member.

MEDICAL CONDITIONS .....

EMERGENCY CONTACT..... PHONE .....

FOOD ISSUES .....

RE-ENACTMENT EXPERIENCE .....

OTHER GROUP JOINED .....

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