



Royal Forest of Dean Caving Club

Application for Membership

Personal details

First Name:		Surname:		Date of Birth:	
Address:					
					Postcode:
Telephone:	Home:		Email:		
	Mobile:				

Annual subscription (✓ as required)

<input type="checkbox"/>	Ordinary membership	£15 (£3.75 per quarter)
<input type="checkbox"/>	Family membership – Family who reside at the same address as an Ordinary Member or are away from home studying at college/university.	No extra fee

Month applying	Quarters to pay
Dec-Jan-Feb	= 4
Mar-Apr-May	= 3
Jun-Jul-Aug	= 2
Sep-Oct-Nov	= 1

Insurance per person (✓ as required)

<input type="checkbox"/>	Caving	£17 (£4.25 per quarter)
<input type="checkbox"/>	Student and under 18	£8 (£2 per quarter)
<input type="checkbox"/>	Non caving	£6 (£1.50 per quarter)
<input type="checkbox"/>	Paid to other club – please enter club name and your personal BCA insurance number:	

Methods of payment available:

- **On-line transfer** to : RFDCC 30-93-48 03976318, Reference = Surname
- **Standing order** : Use form on RFDCC web site or set up on-line, for annual renewal on December 1st
- **Cheque** payable to : RFDCC
- **Cash** : Please do not send cash by post

Declarations

I hereby apply for membership of the Royal Forest of Dean Caving Club and agree to abide by the rules and constitution of the Club. I understand and accept that caving is an adventure sport and inevitably involves an element of risk.

Data Protection Act: I do not object to my details being kept on a computer for membership administration (including mailing lists for newsletters and social activities etc) and to provide a member contact list. This list may be distributed to caving clubs/societies, rescue groups, emergency services and to the Club's insurance company.

Signature of applicant:

Date:

Signature of Parent or Guardian (if under 18 years of age):

Please note that members under the age of 18 may only take part in Club activities when accompanied by a parent/guardian or a person acting on the authority of the parent/guardian.

Proposer:	Signature:	Seconder:	Signature:
	Print name:		Print name:
Accepted by:		(Club secretary)	Date accepted:

Please return this form and payment to: RFDCC Treasurer, 18 Mounton Drive, Chepstow, NP16 5EH