

FEDERATION of ARTISTIC ROLLER SKATING

Membership Application Form

Title..... Forenames.....

Surname..... Male Female

Address.....

.....

Post Code Telephone.....

Date of Birth Nationality..... Email Address
(Parents Email Address if under 18 years of age)

I wish to apply for the following type of membership (tick one box)

Senior Annual Membership (Over 18 years of age)

Junior Annual Membership (Under 18 years of age)

I enclose my cheque/postal orders in the sum of £..... **(NEW first time members will receive a reduced membership of half price for their first year of membership – this does not apply to lapsed memberships who must renew at the normal rate – Fees are published on the back page of the Calendar of Events available at each club and on the FARS Website)**

Signed..... Date.....

FARS supports the Commission for Racial Equality in their commitment to achieving racial equality in sport. To this end we would ask you to indicate below how you prefer to describe your ethnic origin. Please tick accordingly.

Bangladeshi Chinese White

Black African Indian Pakistani

Black Caribbean Irish

Black Other (specify)..... Other (Specify).....

PLEASE SEND YOUR APPLICATION TO THE MEMBERSHIP SECRETARY
FARS, 10 The Broadway, Thatcham, Berkshire, RG19 3JA

Office use only. Month Paid..... Next renewal..... Type S/J/A

DATA PROTECTION ACT 1984. The Federation of Artistic Roller Skating is registered under this Act and holds the registration number PX4491508. Form amended May 2005