

# Membership Form



**New National Member:** If you have never been a member of British Orienteering and you join after the **1st September 2006** you will receive up to 16 months membership for the price of 12.

**New Local Member:** If you have not been a member of a club or British Orienteering during the last three years you will receive free membership until the 31st December 2007.

**British Orienteering Level: (Please tick)**

National

Local

**Membership Grade: (Please tick)**

Senior (over 21)

Junior (under 21 on the 1st January 2007)

Family (1 Adult, 1 Junior min)

Associate

**Personal Details of Members:**

**For Senior, Junior and Family membership only.** Personal details are not required for Associate membership. Please give the forename or abbreviation by which you are most commonly known. Gender and year of birth are essential to determine competition classes.

	Initials	Forename	Surname	Gender	Year of Birth
1					
2					
3					
4					
5					
6					
7					

**Address:** (This address will be used for all mailings from British Orienteering)

Postcode:

Telephone:

Mobile:

Email: (Please print)

**Payment:**

Please enclose a cheque payable to the BRITISH ORIENTEERING FEDERATION. You may complete the enclosed Direct Debit mandate if you wish to set up a Direct Debit for paying your fee for the following year.

Please send to: British Orienteering, 8a Stancliffe House, Whitworth Road, Darley Dale, Matlock, Derbyshire, DE4 2HJ

**Club and Association Details: (Fees available on 01629 734042)**

Club Name:	Association Name:	BOF Fee £
Club Fee £	Association Fee £	Total Fee Payable £

**DATA PROTECTION ACT:** The data given on this form will be stored on the Federation's computer system which is registered under the Act. As required by the Act, notice is given that some or all of this data may also be stored by your Club and/or Association on a computer system not registered under the Act. Any objection to the data being stored on computer by your Club or Association should be addressed to the Club or Association Secretary. The Federation will only use your information for the direct business of British Orienteering.

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## Equality Policy

British Orienteering aims to ensure that all people have a genuine and equal opportunity to participate in the sport of Orienteering, at all levels of performance and in all roles. In order to establish whether membership details reflect all sectors of the community, please can you complete the form below. This information will be treated as confidential and in a collated form the data will be used to provide information to Government agencies.

<b>A White</b> <input type="radio"/>	<b>B Mixed</b> <input type="radio"/>	<b>C Asian or Asian British</b> <input type="radio"/>
English <input type="radio"/> Irish <input type="radio"/> Scottish <input type="radio"/> Welsh <input type="radio"/> Other <input type="radio"/>	White & Black Caribbean <input type="radio"/> White & Black African <input type="radio"/> White & Asian <input type="radio"/> Other <input type="radio"/>	Indian <input type="radio"/> Pakistani <input type="radio"/> Bangladeshi <input type="radio"/> Other <input type="radio"/>
<b>D Black or Black British</b> <input type="radio"/>	<b>E Chinese or Other Ethnic Group</b> <input type="radio"/>	
Caribbean <input type="radio"/> African <input type="radio"/> Other <input type="radio"/>	Chinese <input type="radio"/> Other <input type="radio"/>	

## What is your religion?

- None
- Christian  (including Church of England, Catholic, Protestant and all other Christian denominations)
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh

Any other religion (please write in)

Do not wish to disclose

## Disability

The Discrimination Act 1995 defines a disabled person as anyone with a "physical or mental impairment that has a substantial and long term adverse effect upon his/her ability to carry out normal day to day activities". If you consider yourself to have a disability, please provide the nature of that disability below.

## Do you consider yourself to have a disability?

Yes  No

If you have indicated yes, please mark all the boxes that apply to you:

- Visual impairment  Hearing impairment   
Physical impairment  Learning disability/difficulty

Other? (please specify)