

**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:* .....