# **Irvine Running Club – Membership Form – 25/26**

[www.irvinerunningclub.co.uk](http://www.irvinerunningclub.co.uk/)

Dear Member or Proposed Member,

Please complete this form to either renew or apply for membership of Irvine Running Club. The membership year starts on 1st May. Please pass/send the completed form to the address at the footer.

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| --- |
| **Name**:  |
| **E-mail:**  |
| **DOB:**  |
| **Tel. Home:**  |
| **Tel. Mobile**:  |
| **Address:**  |
| **Postcode**:  |
| **Scottish Athletics Membership No:** |

### All Irvine RC members need to be members of Irvine Sports Club. Irvine RC will collect a combined fee to cover subscriptions for both the Running and Sports Clubs. The combined fee can be paid either by full by one-off interbank transfer or annually/monthly by setting up a standing order, which you must arrange with your bank (or by allowing the existing standing order to continue).

The amounts payable are as follows:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Membership Type** |  | **Annual Fee** |  |  **Monthly Fee** |
| Senior |  | £96 | □ |  | £8 | □ |
| Retired (Age 60+) |  | £60 | □ |  | £5 | □ |
| Senior + Gyn |  | £252 | □ |  | £21 | □ |
| Retired + Gym |  | £192 | □ |  | £16 | □ |
| Associate  |  | £60 | □ |  | £5 | □ |
| (**An associate** **member is one living outside the operating area of the club and does not attend regularly)** |
|  |

I wish to apply □ or renew □ my membership and have submitted/continued a standing order form to my bank for £\_\_\_\_\_ (annual / monthly amount) or made a one-off interbank payment of £ \_\_\_\_\_\_. Mike Flinn, our treasurer will accept cash, but only if no other payment offer is possible.

**Bank Details : Bank of Scotland Irvine High St Branch: Name of Account : Irvine Running Club. Sort Code 80 -08-42 . Account No 00514560.Type of Account- Business**

In completing this form, I confirm that I have read and understood the contents of the Documents and Policies that feature on the club website, and that I am not running against medical advice/ Doctor's orders.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: / /

If you have a known medical condition please state its nature:

**Emergency Contact- name and mobile number:**

**Date Received: \_\_\_\_\_\_\_\_\_ Standing Order Form □**

 **Interbank transfer □ Cash □**

**E mail completed membership form to Mary Miller** m\_miller@hotmail.co.uk **or hand in to any Committee Member.**

**Updated Apr 2025 Note: It is your responsibility to complete a new form should any of these details change.**