



REGISTRATION FORM 2016 - 2017



Surname

First Name

Address

Phone (Home)

(Work)

Date of birth

Postcode Email

If you **do not** wish to receive club communications by email, tick here:

Member of HMC: New 1 year 2-5 years over 5 years

HMC Membership Fee (per year)

\$75.00

Payment methods:

- Internet Banking (Complete Membership Application on HMC Website www.hammarathonclinic.org.nz and make payment to account number 031556-0065373-00).
- Complete this form and post with cheque to Hamilton Marathon Clinic, PO Box 1015, Hamilton.
- Complete this form and a cheque and pass to Treasurer at the club.

Runner: Walker:

Do you have any medical problems that we should be aware of?

No Yes

As a member of the Hamilton Marathon Clinic I agree to abide by the rules of the Clinic. I also understand that as a member I participate entirely at my own risk

Signed Date

By mutual agreement between the Hawks and Hamilton Marathon Clinic, if you are a registered member of one Club you may join the other Club for \$15.00 per annum. Proof of registration is required.