

ALL SECTIONS OF THE FORM MUST BE COMPLETED

About You	ULU Club/ Society		Associate Membership Category (enter name of college or institute)	
	Surname		UL Graduate	
	Forename		Student	
	Gender	Male / Female	UL Staff	
	Mobile:		E-mail:	
	ULU Card Number:		Expiry date of ULU card:	

Next of Kin* Contact	Name:	* This information MUST be provided but will only be used to advise the emergency services if necessary. You must provide the name of a relative or guardian, not a friend or flatmate.
	Relationship:	
	Telephone (Day):	
	Telephone (Night):	

Medical Statement	If you have a medical condition, allergy, physical limitation or any other condition that may affect your ability to participate in your chosen activity it is your responsibility to notify your club captain/chairperson and coach/trainer.
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Further Details	Do you hold:	✓ / ✗	Details
	A current First Aid Qualification?		Expiry date:
	A refereeing or umpiring qualification?		List:
	A current UK Driving Licence?		Approx. test date:

Purples Card	I wish to purchase a Purples Card at a cost of £2.00 which entitles me to discounts on selected drinks and food on selected days in the ULU bars.	
	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Declaration	<input type="checkbox"/> The information contained in this form is accurate to the best of my knowledge. These records will be kept confidential and only be used to advise me about club/society activities, and to advise the emergency services if necessary. I understand that this information will be retained in the Sports & Societies office, and may be computerised in the future. I understand that I have access to such records on application to the VP Sports & Societies.	
	Signed:	Date:

I wish my contact details to be used to keep me informed of other ULU activities which may be of interest.

Office Use Only:

Membership subscription paid	✓ / ✗	Amount: £	
The Purples Card paid £2.00	✓ / ✗	Purples Card issued	✓ / ✗
ADT Approved:	Date:	Swim Test Completed	✓ / ✗