

ALL SECTIONS OF THE FORM MUST BE COMPLETED
PLEASE COMPLETE IN BLOCK CAPITALS

About You	ULU Club/ Society		UL College**		
	Surname		Degree (eg BA, MBBS, PhD)		
	Forename		Course (eg Geography)		
	Gender	Male / Female		Start date of degree	(mm/yy) (_ _ / 0 _)
	ULU Card Number	<input type="text"/>	<input type="text"/>	Year (circle)	1st 2nd 3rd 4th 5th

Contact details	Term		Vacation Address		
	Please provide your college e-mail address (1) and personal e-mail address (2)				
	E-mail (1):		Postcode:		
	E-mail (2):		E-mail:		
	Mobile number:		Telephone:		

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?		Detail:
	A current UK Driving Licence?		Approx. test date:
	A Committee Position in this club/society?		Which Position:

Declaration	The information contained in this form is accurate to the best of my knowledge. These records will be kept confidential and only 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 Membership Services office, and may be recorded in electronic format. I understand that I have access to such records on application to the Vice-President.	
	Signed:	Date:

** If you are a student at Imperial College please indicate by ticking the appropriate box whether you will be graduating with a degree awarded by Imperial College or University of London

Officer check	I have checked that the form has been completed in full and verified the ULU card number is correct.		
	Signed:	Date:	Committee position:

Office Use Only:

Membership subscription paid	✓/✗	Amount: £	Cash	Cheque
Form received:	Subscription received:	ADT Approved:	Date:	
Swim test completed (water sports)	✓/✗	Sport First Aid qualified	✓/✗	