



Member's Details Form

Students' Union

www.bathspasu.co.uk

Name of Club/Society:

Membership Fee Paid.....

Student ID Number:

Full name of Member:

Signature: Date:

Date of Birth:

Term Time Address:

.....

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Tel No:

Emergency Contact Name:

Emergency Contact No:

MEDICAL DETAILS

Have you any allergies? Yes No . If yes, please state:

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Are you taking any medication? Yes No . If yes, please state:

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Past major illnesses or operations. Please give dates if possible:

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Please return to the Students' Union Office at least two days prior to participating in any activity organised by the Club/Society.

For Official Use Only

Date Received:..... Membership fee paid.....

Name and Position:.....Signature:

Approved Declined Further information needed.....