



Students' Union

Details Form

www.bathspasu.co.uk

(N.B. This form must only be completed and handed into the Union with the full membership fee)

Name of Club/Society/Activity:

Membership Fee £.....

Membership Fee Paid: Yes / No

Student ID Number:

Full name of Member:

Signature: Date:

Date of Birth:

Term Time Address:

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Tel No: E-mail:

Emergency Contact Name:

Emergency Contact No:

MEDICAL DETAILS

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

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

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

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