

**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										Year (circle)	1st	2nd	3rd	4th

\* 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

NB 1<sup>st</sup>, 2<sup>nd</sup> & 3<sup>rd</sup> year students of Imperial College are not eligible for Full membership of ULU.

Contact details	Term		Vacation Address				
	Please provide your college email address (1) and personal email address (2) Your college email address is <u>essential</u>						
	Email (1):			Postcode:			
	Email (2):			Email:			
	Mobile number:			Telephone:			

Next of Kin** Contact	Name:	** This information <b>MUST</b> be provided but will only be used to advise the emergency services if necessary. You must provide the name of a relative or guardian, <b>NOT</b> 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:	

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:

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