

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

About You	ULU Club/ Society		Associate Membership Category (enter the <b>name</b> of your college or institute in the relevant box below 1, 2, 3 <b>or</b> 4)									
	Surname		UL Graduate 1									
	Forename		UL Staff 2									
	Gender (circle)		UL International Programme 3									
	ULU Card Number*		Other student 4									
	Expiry date of ULU card: (dd/mm/yy) <b><u>essential</u></b>		Have you been a member of this ULU club or society before? (circle) Yes / No									

\* Please ensure that you complete **all twelve digits** of the ULU card number including the two small digits at the beginning and end of the sequence eg 059781211127

Your Contact details	Email:	Address:
	Mobile number:	
	Landline number:	Postcode:

<b>Next of Kin*</b> <b>Contact</b>	Name:	* This information <b>MUST</b> be provided but will only be used to advise the emergency services if necessary. You <b>must</b> provide the name of a <b>relative or legal guardian</b> even if they live overseas, <b>NOT</b> a friend, boyfriend/girlfriend or flatmate.
	Relationship:	
	Telephone (Day):	
	Telephone (Night):	

Medical Statement	<p>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 <b>your responsibility</b> to notify your club captain/chairperson and coach/trainer. By signing the declaration below you accept this responsibility.</p>
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Further Details	Do you hold:	✓/✗	Details
	A current First Aid qualification?		Expiry date:
	A current refereeing or umpiring qualification?		Detail:

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:

<b>Club/Soc Officer check</b>	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:		