

ALL SECTIONS OF THIS 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 (circle)	Male / Female		Start date of degree	(mm/yy) (_ _ / _ _)												
	ULU Card Number*											Year (circle)	1st	2nd	3rd	4th	5th
	Have you been a member of this ULU club or society in 2011/12 or in previous years? (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 012135978127

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

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 legal guardian even if they live overseas, NOT a friend, boyfriend/girlfriend 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. By signing the declaration below you accept this responsibility.
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Further Details	Do you hold:	✓/✗	Details
	A current First Aid qualification?		Expiry 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:

Club/Soc 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:		