

**Membership Application Form:**

Name	
Address	
Post Code	
Emergency Contact (Telephone number and name of parent / guardian.)	
Email	
Medical conditions	
Any other relevant information	
Date of Joining	
Introduced by	
Membership Fee Paid	
Refund Given for introducing 10 new members	

As a member of The Teenage Drop-In Station I agree to abide by the Constitution and I acknowledge that I have received a copy of it.

Signature: .....

Committee member signature: ..... Date: .....