



# IKAST BRANDE CRICKET CLUB

## MEMBERSHIP FORM

CVR: 0039367998

Please complete this membership form in **capital letters** and return, with the appropriate membership fees, to any committee/board member.

Surname	
Name	
Address	
CPR Number	
Mobile Number	
Date of Birth	
E-Mail Address	

Membership Fees for 1 season (1 <sup>st</sup> May 2018-30 <sup>th</sup> April 2019): Please tick the appropriate box	
<input type="checkbox"/> Adult playing member	DKK 600
<input type="checkbox"/> U18 playing member	DKK 400
<input type="checkbox"/> U10 playing member	DKK 200
<b>Account Details: Reg Nr.: 7641 Konto Nr.: 2055469</b>	

Emergency contact name:	
Emergency contact number:	
Medical consent: <input type="checkbox"/> I give my consent that in case of injuries, the Club may act if the need arises for first aid	
<b>Player Declaration:</b> I accept my responsibility as a member of Ikast Brande Cricket Club to uphold the 'spirit of cricket' and behave in an appropriate manner at all times. I fully understand that I will be responsible for my own actions.	
Signature:	Date:

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For office use only:	Membership No. _____
Recipient Signature:	Date: