



SOCIETIES FEDERATION

SOCIETY MEMBERSHIP FORM

NAME	UB NUMBER
STUDENT / STAFF / NON STUDENT <i>Please circle</i>	
TELEPHONE	
DATE OF BIRTH	SEX / GENDER
EMAIL ADDRESS	
SOCIETY CHOICE	

It is the responsibility of the individual to inform the Society President, Organiser or Activity Leader of any relevant medical condition or previous injuries the Union should be aware of which may affect your safe participation with the society.

By being a member of a society you may be participating in activities which involve an above average element of risk, in an environment where professional medical and rescue services may not always be immediately available. It is your responsibility to ensure that you fully understand the exact nature of each activity you undertake, the risks involved, the skill levels required, and the equipment needed for your safe participation. You should never participate in an activity where you are unsure of any of the above aspects. If in doubt, ask any of your Society Committee members or the Societies Federation for the further information. For full details of our refund policy please contact the Student Activities Officer.

- ◆ I have read, understood and agree to act in accordance with the above statement.
- ◆ I agree to act in accordance with the Society Constitution and Good Practice Guidelines.
- ◆ I have paid society membership in full.
- ◆ I am content that you hold this information for the purposes of health and safety in relation to my activities as an Societies Federation member.

Signature _____ Date _____

OFFICE USE ONLY

Date Received: _____ Payment Type: _____ Payment Amount: _____

Receipt No.: _____ Staff Name: _____ Membership No.: _____