

INNERLEITHEN/TEEDVALE PIPE BAND MEMBERSHIP APPLICATION FORM (A SCOTTISH CHARITY SC032804)									
1 Personal Details: please enter in BLOCK CAPITALS									
SURNAME:					FORENAMES:				
ADDRESS:									
		POSTCODE:							
PHONE NO:					MOBILE NO:				
EMAIL:					FACEBOOK - YES/NO:				
PREFERRED METHOD OF CONTACT				Phone/Mobile		Email		Facebook	
DATE OF BIRTH:									
GENDER:		MALE				FEMALE			
HAT SIZE:				COLLAR SIZE:				SHOE SIZE:	
2 MEMBERSHIP TYPE - please tick as applicable (see explanatory notes below)									
PLAYER				NON PLAYER				Cannot play any instrument	
Piper	Experienced			Can play bagpipes					
	Learner			Cannot play bagpipes					
Drummer	Side			Tenor					
	Bass			Learner					
3 MEDICAL DETAILS - please list any important medical information the band should be aware of (eg epilepsy, diabetes, asthma, regular medications taken - continue on rear of form if more space required)									
Condition 1									
Condition 2									
4 EMERGENCY CONTACT DETAILS - in case of an incident/accident we should contact:									
NAME									
RELATIONSHIP									
CONTACT NUMBER									
DECLARATION AND APPLICATION TO JOIN INNERLEITHEN/TWEEDVALE PIPE BAND									
I hereby apply for membership of Innerleithen/Tweedvale Pipe Band:									
1) I agree to abide by the band's constitution and all band policies. I agree to participate as fully as possible in all band activities. I agree that should my activities within the band require it, a PVG check may be made.									
2) I agree to pay any annual membership fee or equivalent that may be levied and any costs associated with band activities that require additional input from members									
3) I agree to the information provided on this form being held on computer for the purpose of administering the band. I understand that it will not be transferred to any third party without my prior consent									
4) I agree to photographic and/or film/video footage taken of me during band activities by the band being used and published in any media whatsoever for promotional purposes by the band. I understand that during public events that the band may participate in, the band has no control over photographic images and /or video footage being made of the band or the use such material will be put to.									
5) I agree to the terms and conditions on the uniform/inventory form regarding any uniform and/or equipment lent to me by the band during my membership of the band									
PRINT NAME				DATE					
SIGNATURE									
For members under 18 years - PARENT GUARDIAN CONSENT - as the parent/guardian of the person named above I agree to him/her joining the band on the terms and conditions laid out in the declaration above									
PRINT NAME				DATE					
SIGNATURE									
For official Use Only - RSPBA MEMBERSHIP REQUIRED									
NEW MEMBER		TRANSFER		NOT REQUIRED		FORM SENT			