



SOUTH WALES CAVING CLUB
CLWB OGOFEYDD DEHEUDIR CYMRU



1-10 POWELL STREET, PENWYLLT, PEN-Y-CAE, SWANSEA SA9 1GQ

TEL: 01639 730613

www.swcc.org.uk

PROVISIONAL MEMBERSHIP APPLICATION FORM

Please return this form and payment (cheques made payable to SWCC) to:
Lel Davies, Membership Sec SWCC, Bryn Cerdd, Caehopkin, Abercraf, Powys. SA9 1TS

PLEASE WRITE CLEARLY

Title: Surname: Forename(s):.....

D.O.B:...../...../.....

House name/number:.....

Telephone number for address list:

Address line 1:.....

.....

Address line 2:.....

Alternative telephone number:

Town/City:.....

.....

County:.....

Email address:

Country:.....

.....

Postcode:.....

Other caving clubs/brief details of experience:

.....

.....

.....

Signed:

If under 18, Signature of Parent/Guardian:

subscriptions:

£10.00 membership + BCA Caving Insurance (please provide BCA number if paid for elsewhere)

Please contact me before sending this to see how much BCA needs to be paid!

Total: £10.00 + £ Total enclosed: £..... Chq £..... Cash BCA N^o (if applicable):.....

If the Application is unsuccessful, the cheque/cash will be returned.

The club has a clear non-discrimination policy but caving is a serious and potentially hazardous sport that requires both self reliance and team work in an unusual and sometimes challenging, environment. In order that we help you get the most out of caving please advise if you have any physical or learning difficulties that the club ought to be aware of that might compromise your safety and enjoyment, or that of those who may be accompanying you.

Data Protection Act

Your details are stored on a personal computer for administration and communication purposes.

Your details may be circulated to other club members. If you do not want your details stored and/or used in this way please tick box.

_____for official use only_____

Application Received:/...../20.....

Accepted as Provisional Member:/...../20.....