



Please Note, there will be a charge of £5.00 for registration fee.

Membership Registration Form

Title: _____

First Name: _____

Surname: _____

Address: _____

Post Code: _____

Contact No: _____

Date of Birth: _____

E-mail: _____

Player Position (if applying as a playing member). Please tick

Goalkeeper Defender Midfield Forward

Non-Playing Skills

Coach Administrator Fund-Raiser Other

If Other, Please Specify

Education Details (if student)

Head teacher: _____

PE Teacher: _____

School: _____

Address: _____

County: _____

Post Code: _____

Current School Year: _____

Telephone No: _____

Email: _____

Please Attach Two
Passport size
Photographs.

Medical Details

Please indicate if you have any medical conditions we should be aware of, e.g. asthma

In the event of an emergency, please give two extra contact names and numbers.

Name: _____

Emergency Contact No: _____

Relationship To The Person: _____

Name: _____

Emergency Contact No: _____

Relationship To The Person: _____

Signed: _____

Print Name: _____

Date: _____

Please fill and send the form to the following address. NINEVEH FC, 35 HEARTLAND CLOSE. BIRMINGHAM. B18 5ED

Website: www.ninevehfc.com email: info@ninevehfc.com