

# Membership Application/Renewal Form

## Member's Details

Name	
Badge No.	
Joined	
Family Memb.	
Other group(s)	
CRB Check	
Insurer	

## Contact Details

Address1	
Address2	
Address3	
Post Town	
Postcode	
Eve. Tel.	
Mob. Tel.	
Email	

## Achievements

Position(s)	
Combat	
Craft	

## Character Names

Anglo-Saxon	
Viking	
Norman	

## Agreement

I, ....., enclose the sum of £50 (family)/£25 (age 18+)/£5 (5-17)/£0 (0-4)\* annual/£..... for ..... months pro-rata\* membership of Oskorei, a re-enactment group based in the UK. I understand that this includes 3<sup>rd</sup> party insurance through the group, and that Oskorei's membership year runs until the end of April. I understand that this membership may be terminated without notice, and that I may not be entitled to any refund. \* Delete as applicable

I have received and understood a copy of the group's rules and ordinances, and agree to obey them and any reasonable instructions from the group's officers and from any other persons who may have a reasonable right or duty to give me instructions, e.g. event marshals. I agree to not bring the group into disrepute, and to bring any questions, comments, or complaints I may have to the group's leader and/or officers.

Sign:

Date:

## Emergency Information

Adult/Child	
DOB	
Blood Type	
Allergy(ies)	
Medication(s)	

### Contact #1 (Should be parent if a child)

Name	
Relation	
Tel.	

### Contact #2 (Should *not* be #1's spouse)

Name	
Relation	
Tel.	

## Doctor

Name	
Surgery	
Town	
Tel.	