



The Loch Lao Traditional Music Society  
Cumann Ceoil Traidisiúnta Loch Lao

## INDIVIDUAL MEMBERSHIP 2009/10

Please fill in both sides of this form – thank you.

<b>FIRST MEMBER</b>			
First name:		Surname:	
Address:			
		Postcode:	
Home telephone no:		Mobile no:	
E-mail address:			
Junior (under 18) £5.00	TICK	Senior (over 18) £8.00	TICK
<b>ADDITIONAL MEMBERS</b>			
Name:	Junior £5.00	Senior £8.00	
E-Mail Address:			
Name:	Junior £5.00	Senior £8.00	
E-Mail Address:			
Name:	Junior £5.00	Senior £8.00	
E-Mail Address:			
Name:	Junior £5.00	Senior £8.00	
E-Mail Address:			

<b>NO. MEMBERS</b>	<b>Junior:</b>	<b>Senior:</b>	<b>Total:</b>
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<b>TOTAL FEE DUE £</b>
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THIS FORM SHOULD BE COMPLETED AND RETURNED WITH THE TOTAL FEE NO LATER THAN FRIDAY NOVEMBER 27th 2009. PLEASE MAKE CHEQUES PAYABLE TO 'THE LOCH LAO TRADITIONAL MUSIC SOCIETY'. THANK YOU.

WE WILL OCCASIONALLY WISH TO TAKE PHOTOGRAPHS AND VIDEO FOOTAGE AT OUR EVENTS, FOR FUTURE USE IN PUBLICITY AND ON OUR WEBSITE. IF YOU WOULD LIKE YOUR MEMBERS TO BE EXCLUDED FROM THIS FOR ANY REASON, PLEASE INFORM US. THE LLTMS CHILD PROTECTION POLICY IS AVAILABLE TO VIEW ON OUR WEBSITE : [www.lochlao.com](http://www.lochlao.com)

[www.lochlao.com](http://www.lochlao.com)

[info@lochlao.com](mailto:info@lochlao.com)

**PLEASE COMPLETE THE REVERSE OF THIS FORM**

**DATE RECEIVED**



# The Loch Lao Traditional Music Society

*Cumann Ceoil Traidisiúnta Loch Lao*

PLEASE COMPLETE THE FOLLOWING INFORMATION FOR ANY PLAYING MEMBER NAMED OVERLEAF WHO HAS A MEDICAL CONDITION WE SHOULD BE AWARE OF. THE FOLLOWING INFORMATION WILL BE KEPT CONFIDENTIAL AND WILL ONLY BE MADE AVAILABLE TO THE COMMITTEE MEMBER IN CHARGE OF EVENTS.

<b>Name:</b>									
Do you suffer from any medical condition which we should be aware of? (Hayfever, Asthma etc)									
Yes			No						
Please give details:									
Do you have any known allergies? (Nuts, Penicillin etc)				Yes			No		
Please give details:									
Are you currently taking any regular medication? Please give details:									

<b>Name:</b>									
Do you suffer from any medical condition which we should be aware of? (Hayfever, Asthma etc)									
Yes			No						
Please give details:									
Do you have any known allergies? (Nuts, Penicillin etc)				Yes			No		
Please give details:									
Are you currently taking any regular medication? Please give details:									

IN THE UNFORSEEN EVENT OF ANY MEMBER REQUIRING MEDICAL ATTENTION DURING A PLANNED LOCH LAO EVENT WHERE WE ARE UNABLE TO CONTACT YOU IMMEDIATELY, DO WE HAVE YOUR PERMISSION TO ACT IN LOCUM PARENTIS?

Signed: \_\_\_\_\_ (Parent/Guardian)      Date: \_\_\_\_\_

Signed: \_\_\_\_\_ (Parent/Guardian)      Date: \_\_\_\_\_

**PLEASE PRINT OR COPY ADDITIONAL PAGES AS NEEDED**