



# St. Patrick's Athletics Club

P.O. Box 300, Head Office, Marsa MRS 1000, Malta

Affiliated to the Malta Amateur Athletic Association

<input type="checkbox"/>	<b>Membership Renewal</b>	<b>New Membership Registration</b>	<input type="checkbox"/>
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(Please tick appropriate box in the above section and use block letters to fill in this form)

Surname	Name
ID Number (if any)	Gender
Address	
Post Code	
Country	Nationality
Father's Name	Date of Birth
Name of School (if any)	
Name of Previous Club (if any)	
Occupation	
Telephone Number	Mobile Number
Email Address	

## Preferred Events

Sprints	Middle Distance
Long Distance	Triathlon
Throws	Jumps

Athlete's Signature	Parent/Guardian's Name, Signature and ID Number
Date of Application	(if athlete is under 18 years of age)

For official use only - To be filled in only by St. Patrick's AC Treasurer

Sum Received €	Received by	MAAA Reg No
Date	Receipt Number	