



TAMPERE EAGLES CRICKET CLUB

MEMBERSHIP FORM

This form is for TECC club membership/registration.

1. FIRST NAME _____

2. LAST NAME _____

3. DATE OF BIRTH _____

4. STREET ADDRESS _____

5. POSTAL/ZIP CODE _____

6. CITY/TOWN _____

7. GENDER/SEX _____

8. PHONE NUMBER _____

9. EMAIL ADDRESS _____

Do you have any medical conditions that the club should be aware of ?*

I declare that the information given on this form whether input by myself, input on my behalf by a third party or automatically pre-populated is complete and correct to the best of my knowledge and belief. I agree to keep the TECC management informed of any changes to the above information.