



# MEMBERSHIP & LICENSE FORM 2020

## ATHLETE'S DETAILS

NAME		SURNAME	
Email		Mobile No.	
D.O.B.		ID Number	

## CLUB MEMBER

Birkirkara St Joseph		Pembroke Athleta & Triathlon	
Agones SFC		Mosta Tri Team	
TriGozo		MYTA	
Signature of Club Delegate		Club Official Stamp	

## TYPE OF MEMBERSHIP

Adult Club Member Early Bird Fee	20 €	YOUTH CLUB MEMBER	€10
Adult Club Member	30 €	YOUTH NON CLUB MEMBER	€25
Adult Non Club Member	75 €		

Early bird means the 2020 registration is paid until 31 December 2019

Youth means born in 2004 or later

## INSURANCE POLICY COVER

Insurance Company		POLICY NUMBER	
INSURANCE COVER	3rd Party	COVERAGE	Malta&Gozo
	All Costs		Europe
			World

## MEDICAL SCREENING

Kindly attach a copy of a medical screening certification held in the last 3 months from the date of receipt of this form.

The MTF medical screening form can be obtained from the Download Section of [www.competitionmalta.org](http://www.competitionmalta.org) or by clicking the link below.

[Medical Screening Form 2020](#)

## ENDORSEMENT

I, the Undersigned, understands that this application form serves as an agreement with the Malta Triathlon Federation, and I commit to be bound by the Federation's Codes of Conduct, Disciplinary Procedures, Circulars, Directives and Bye-Laws issued by the Federation.

Signature of Athlete / Legal Guardian if under 16	Payment Type		
	Cash	Cheque	Online

## FOR OFFICE USE ONLY

Received by (name)	
Signature of Official	