



MEMBERSHIP APPLICATION FORM

YOUR DETAILS

TITLE: FIRST NAME: LAST NAME:

ADDRESS:

.....

..... POST CODE:

TEL NO: (home) MOBILE:

EMAIL: DATE OF BIRTH:

EMERGENCY CONTACT DETAILS: (Name and Tel No.)

.....

.....

.....

ARE YOU A MEMBER OF ANY OTHER CYCLING CLUBS? Yes / No

IF YES, WHICH CLUB?

DO YOU WISH SKIPTON CC TO BE YOUR 1ST CLAIM CLUB? Yes / No

DECLARATION:

I CONFIRM THAT THE ABOVE DETAILS ARE CORRECT. BY APPLYING FOR MEMBERSHIP I AM AWARE THAT I AM AGREEING TO COMPLY WITH SKIPTON CYCLING CLUB POLICIES, PROCEDURES AND CODES OF PRACTICE.

I UNDERSTAND THAT THE INFORMATION ABOVE WILL BE HELD ON A COMPUTERISED DATABASE SYSTEM AND DO NOT OBJECT TO THIS.

SIGNED: DATE:

PLEASE POST YOUR COMPLETED FORM AND MEMBERSHIP FEE, CHEQUES PAYABLE TO 'SKIPTON CYCLING CLUB' TO THE MEMBERSHIP SECRETARY:

F.A.O SKIPTON CC, 15 WHINFIELD COURT , SKIPTON, NORTH YORKSHIRE, BD23 2UY.

OFFICIAL USE ONLY - MEM NUM: ADDED TO DB: .. DD. / .. MM. / .. YY. ..

PAYMENT METHOD: CASH CHEQUE