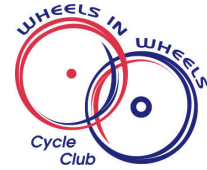


Wheels in Wheels Cycling Club

www.wheelsinwheelscc.com



Membership Application Form

1. Details

Name _____

Address _____

Town _____

Postcode _____

Date of Birth _____

Email _____

Telephone No. _____

Mobile No. _____

Emergency Contact Name _____

Emergency Contact Tel. _____

2. Membership type

Type	Age	Cost per Annum	Select (tick)
Juvenile*	Under 16	£10	<input type="checkbox"/>
Junior*	16-18	£10	<input type="checkbox"/>
Senior	19+	£25	<input type="checkbox"/>
Family**	2 adults (19+) and any under 18's at same address	£35	<input type="checkbox"/>
2 nd Claim Member***	Any Age	£10	<input type="checkbox"/>

3. Marshalling and Event Duty

Wheels in Wheels CC arrange a number of events each year. To facilitate the success of these events we ask club members to volunteer to act as Marshalls and helpers at least for one organised event a year. As a thank you for your help each member that assists at an event will receive a free ride at a Wheels in Wheels CC event of their choice†. To assist in planning our future events please sign below if you are willing to assist at one of our events:

I am willing to help at one of the Wheels in Wheels CC Organised events:

Name..... Signature.....

*Parental Consent is required – please section 4
 **Please provide details of all Family Members in Section 5 and complete parental consent section 4 if applicable
 *** See Section 6
 † Event must be dated after the event at which the member has provided assistance

4. Parental Consent – Parent/Guardian Details (for all applicants under 19)

I hereby agree to my son(s)/daughter(s) taking part in the club activities. I understand that this is entirely at their own risk and without any liability whatsoever on the part of the Club, its officials or members in respect of any injury, loss or damage suffered by them, however caused.

As to club runs, I am aware that whilst Club Members will give assistance when an emergency has occurred, neither the Club or its officials or members undertake any responsibility for their safety and compliance with the law of the land relating to road travel. I have discussed the situation with my son(s)/daughter(s) and I am satisfied that they are sufficiently responsible and competent to ride in a manner which is safe for them and others.

Parent/ Guardian Name _____

Relationship _____

Signature _____

Date _____

5. Family Member Details

Name	DOB	Email	Mobile No.

6. 2nd Claim Members

To be a 2nd Claim member you must have a full membership of another club affiliated to the BCF, CTT(RTTC) or UCI. Please note that 2nd claim members are not afforded the benefits of a full membership.

Please state the name of your 1st claim club:

7. Sign

Main Applicant Signature: _____

Date _____

Please return all completed forms (with a cheque for the correct amount made payable to "Wheels in Wheels CC") to:	Wheels in Wheels CC 19 Windsor Close St Ives Cambridgeshire PE27 3DW United Kingdom
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