



Addiscombe Cycling Club

Founded 1929



Application For Membership

I wish to become a Member of the Addiscombe Cycling Club

Surname:

First Name(s):

Address:

Date of Birth:

Home Phone:

Mobile Phone:

Post Code:

Occupation:

Email:

Nominated:

Seconded:

Do you wish to be?: First Claim:(main club)

Second Claim:(second club)

How did you hear about us?

Are you or have you ever been a member of another Cycling Club? If so, please give details below. If no previous Club, write none.

Club Name:

Date Leaving:

Are you a member of other cycling organisations (e.g. BC or CTC)?

What form of cycling are you interested in? (please tick the appropriate box below)

Au LO LR RR TR TT XC DH CC Tri Ro

Au-Audax, LO-Leisure off road, LR-Leisure on road, RR-Road Racing, TR-Track racing, TT-Time trials

XC-MTB X-Country, DH-MTBDownhill, CC- Cyclocross, Tri-Tri/Duathlons, Ro-Rollers

I would be happy for my contact details to appear in a directory for club members YES / NO

I agree to abide by the ACC rules & allow ACC to use this data for Club purposes only

Signature:

Date:

ACC year runs from 1/11 to 31/10. 2015 Membership subscriptions:

Senior: £25 (£24 by Standing Order) - Senior Citizens (60+): £10 - 2nd Claim: £10 - Junior(U16): £10 - Non Competitive: £10

Full Time Students Discount - 50% of the above subscriptions.

You need annual 3rd party insurance to be an active member of the club. This can be obtained via organisations like the CTC, BC, BTA etc.

Please return this form to : Membership Secretary, Addiscombe Cycling Club, PO Box 362, Tadworth, Surrey. KT20 9EH

Cheques Payable to "Addiscombe Cycling Club"

Email membershipsecretary@addiscombe.org

For Official Purposes only

General Secretary's Signature:

Date Approved:

Date Paid:

Class of Member:

Amount Paid:

Receipt Number:

Ack: Conf:

Entry Number: