



MEMBERSHIP APPLICATION FORM

First Name: or Names in case of Family application

1).....2).....3).....4).....

Surname.....

ADDRESS.....

.....POSTCODE:.....

Email:.....TEL:.....Mobile.....

DATE(S) OF BIRTH 1).....2).....3).....4).....

Disability Information

The Disability Discrimination Act 1995 defines a disabled person as anyone with, 'a physical or mental impairment, which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities'.

Do you consider yourself or any family member in the case of a family application to have a disability: YES / NO

If yes please specify disability:

Medical information - Please detail below any important medical information that our coaches/club should be aware of (e.g. epilepsy, asthma, diabetes, allergies etc)

**I / WE.....
WISH TO BECOME A MEMBER OF THE POOLE WHEELERS CYCLING CLUB AND IF ELECTED I UNDERTAKE TO OBSERVE ALL THE RULES OF THE CLUB.**

SIGNED..... DATE.....

SIGNED..... DATE.....

Membership applied for: 1st Claim / 2nd Claim

IF CURRENTLY A MEMBER OF ANOTHER CYCLING CLUB AND APPLYING FOR 2ND CLAIM MEMBERSHIP PLEASE STATE FIRST CLAIM

CLUB:.....

PARENTAL CONSENT IF UNDER 18 YEARS:.

I..... hereby give consent to the above named child/children or junior applicant/s taking part in the Club and fully understand that the Club, its Coaches, Officers and Committee will in no way be held liable for any injury to person or property sustained during such activities, and that members of 15 years of age and under shall at all times be accompanied by either a parent or carer. I am satisfied that the above named child/children 16 years of age and over is / are sufficiently responsible and competent to assume full and entire responsibility for their own safety. I confirm that they do not have a disability or medical condition that could affect their ability to ride safely as a cyclist

Signature Date

Parent / Guardian / Partner

As part of the club activities we are always looking for support, this can be in various ways. If you would like to become more involved or feel that you can bring knowledge or experience to aid club activities please fill in the section below

Name:.....

How you can help (knowledge / experience / marshal duty etc.)

.....
.....

MEMBERSHIP CATEGORIES AVAILABLE:

SENIOR	£20.00 p/a	JUNIOR (16-18)	£ 5.00 p/a
JUVENILE (UNDER 16)	£ 3.00 p/a	FAMILY	£25.00 p/a
SECOND CLAIM	£ 5.00 p/a		

PLEASE RETURN THIS FORM TO: either

ROS SPENCER	MARK DOBBS
13 ALVERTON AVENUE	19 HENBURY CLOSE
POOLE,	CORFE MULLEN
BH15 2QF	BH21 3TF
TEL. 01202 746010	TEL. 01202 699529

The information you have provided will be held for administration purposes only, will be seen only by club officials and coaches and held in accordance with the Data Protection Act. By supplying this personal information you have given your consent for the Club to hold and use it for this purpose.

PROPOSED BY..... SECONDED BY.....

For secretary's use only:

Date received..... Date passed.....

Amount paid.....