

APPLICATION FOR MEMBERSHIP

Name _____

Address _____

Postcode _____

Telephone _____

e-mail _____

I hereby apply to the committee of the Yeovil Cycling Club for membership of the club. I understand that in taking part in any event promoted by the Club is at the member's own risk. I will not hold Yeovil Cycling Club responsible for the member's safety or for the loss or damage of any of their property.

New Members pay 1/12 of the subscription for each complete month remaining to 31st December, subs paid from 1st October(*) run to the end of the following year.

	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct*	Nov*	Dec*
Senior	16.50	15.00	13.50	12.00	10.50	9.00	7.50	6.00	4.50	21.00	19.50	18.00
U18/Student	5.50	5.00	4.50	4.00	3.50	3.00	2.50	2.00	1.50	7.00	6.50	6.00
Family	33.00	30.00	27.00	24.00	21.00	18.00	15.00	12.00	9.00	42.00	39.00	36.00

Membership (renewing members pay sum in brackets).

1st Claim Adult (£18.00) 2nd Claim Adult (£18.00) 1st claim club: _____

Under 18* (£6.00) Date of Birth: / / Full time student (£6.00)

Family (£36.00) Please complete additional details overleaf

I enclose a cheque/cash for £ payable to Yeovil Cycling Club or

I have made a direct payment. Account name **Yeovil Cycling Club** Type **Business**

Sort code: **090152** Account number: **46942606** Reference: **Subs Surname & Initial**

Payment signifies that you agree to abide by the Club Rules (see yeovilcc.com, membership page)

Applicants Signature _____ Date _____

* For Under 18 members a parent or Guardian must sign below in addition to the applicant:

I agree to my son/daughter/ward being a member of Yeovil Cycling Club as stated above

Parent/Guardian Signature _____ Date _____

Emergency Contact details

Name _____ Relationship to member _____

Telephone _____

INTERESTS

My particular cycling interests are

Recreational exercise Off road Touring Triathlon

Road racing Track racing Time Trials Other (please specify)

Return Completed Forms to: **Mr Mark Boxall, 54 St Catherine's Crescent, Sherborne Dorset DT9 6DE. Tel: 01935 817553**

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YEovil CYCLING CLUB
ESTABLISHED 1928

For additional family members

Family member 2. Name

Date of Birth if under 18

Emergency Contact details: Name

Telephone

Family member 3. Name

Date of Birth if under 18

Emergency Contact details: Name

Telephone

Family member 4. Name

Date of Birth if under 18

Emergency Contact details: Name

Telephone

Family member 5. Name

Date of Birth if under 18

Emergency Contact details: Name

Telephone

For official use only

Accepted by committee Yes No Date

Hon Gen Sec

Hon Membership Sec

Chairman

YEOVIL CYCLING CLUB

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