

# 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** should pay the amount stated in the table below for the month in which they apply. In effect new members will pay 1/12 of the subscription (i.e. £1.50) 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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## 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

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