

BEESTON ROAD CLUB



35 Charles
Avenue
Chilwell
Nottingham
NG9 5ED
Tel – 07725 043 135

MEMBERSHIP APPLICATION FORM

I WISH TO MAKE APPLICATION FOR MEMBERSHIP OF THE BEESTON ROAD CLUB. I HEREBY CERTIFY THAT IF ELECTED TO MEMBERSHIP I UNDERTAKE TO BE BOUND BY THE CLUB CONSTITUTION AND RULES. IT IS A CONDITION OF MEMBERSHIP THAT EACH MEMBER SHALL TAKE OUT THIRD PARTY INSURANCE COVER WHILST CYCLING. I.E. AN AFFILIATED OR PRIVATE MEMBER OF BRITISH CYCLING (BC) OR A MEMBER OF THE CYCLISTS TOURING CLUB.(CTC)

NAME

ADDRESS

.....

.....

TELEPHONE NO

E.MAIL ADDRESS

EMERGENCY CONTACT (Name & Tel No)

DATE OF BIRTH(if under 18)

SIGNATURE

MAIN CYCLING INTERESTS (Please indicate)

e.g Road Racing, Time Trials, Touring, Club Rides

WHERE DID YOU HEAR ABOUT THE CLUB

e.g. From a Friend, Internet

The Annual Subscription of Membership is as follows :-

Seniors	(18 years and over)	£10
Juniors	(16 and 17 years)	£ 5
Juveniles	(Under 16 years)	£ 1
Associates & 2 nd Claim		£ 5

This form should be completed and returned to the Secretary, Louise O'Reilly, at the above address together with the appropriate membership fee.