

# BEESTON ROAD CLUB



35 Charles Avenue  
Chilwell  
Nottingham  
NG9 5ED

Tel – 07725 043135

## 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 .....

.....

.....

Post Code .....

TELEPHONE NO .....

E.MAIL ADDRESS .....

EMERGENCY CONTACT (Name & Tel No) .....

DATE OF BIRTH (optional unless under 18) .....

SIGNATURE ..... Date .....

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 )	£20
Juniors	( 16 and 17 years )	£ 5
Juveniles	( Under 16 years )	£ 2
Associates & 2 <sup>nd</sup> Claim		£ 5
Over 65		£10

This form should be completed and returned to the Secretary, Gary Clegg, at the above address together with the appropriate membership fee. Internet banking payments to BEESTON ROAD CLUB

Account Number 05436028 Sort Code 60-11-37.

Date payment made .....