



# MEMBERSHIP APPLICATION FORM

## YOUR DETAILS

TITLE: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ POSTCODE: \_\_\_\_\_

TEL No: (HOME) \_\_\_\_\_ MOBILE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH (DD/MM/YY): \_\_\_\_/\_\_\_\_/\_\_\_\_

EMERGENCY CONTACT DETAILS: (Name and Tel.)

\_\_\_\_\_  
\_\_\_\_\_

ARE YOU A MEMBER OF ANY OTHER CYCLING CLUBS? Yes / No

IF YES, WHICH CLUB? \_\_\_\_\_

DO YOU WISH SOUTH SHIELDS VELO TO BE YOUR 1<sup>st</sup> CLAIM CLUB? Yes / No

### DECLARATION:

I CONFIRM THAT THE ABOVE DETAILS ARE CORRECT. BY APPLYING FOR MEMBERSHIP I AM AWARE THAT I AM AGREEING TO COMPLY WITH SOUTH SHIELDS VELO CYCLING CLUB POLICIES, PROCEDURES AND CODES OF PRACTICE. I UNDERSTAND THAT THE INFORMATION ABOVE WILL BE HELD SECURELY ON A COMPUTERISED DATABASE ONLY FOR SSVCC USE AND IN LINE WITH DATA PROTECTION LAW. I DO NOT OBJECT TO THIS.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE COMPLETE AND RETURN YOUR FORM AND FEE TO ANY MEMBER OF THE CLUB COMMITTEE AT ANY CLUB EVENT (SEE SOUTHSHIELDSVELOCC.CO.UK FOR DETAILS)  
PLEASE MAKE CHEQUES PAYABLE TO SSVCC OR SOUTH SHIELDS VELO CYCLING CLUB  
A RECEIPT AND MEMBERSHIP NUMBER WILL BE EMAILED TO YOU  
N.B. MEMBERSHIP RUNS FOR 12 MONTHS FROM RECEIPT OF FEE. FEE FOR 2014 IS £15.00

### FOR OFFICIAL USE ONLY

MEM NUM: \_\_\_\_\_ ADDED TO DB: \_\_\_\_/\_\_\_\_/\_\_\_\_

PAYMENT METHOD:  CASH  CHEQUE