**Solihull Cycling Club**

Yes No

**Application for Membership of Solihull Cycling Club**

|  |  |  |  |
| --- | --- | --- | --- |
| First Claim member  (member only of SCC or racing for SCC) | \* | Second Claim member  (primary allegiance to another club, racing for another club) | \* |

Established 1929

|  |  |
| --- | --- |
| **Surname**: | **First Name(s)**: |
| **Address**: | |
| **Post Code**: | **Telephone**:  **Mobile**: |

|  |  |  |
| --- | --- | --- |
| **Email**: | If you do not wish us to use your email address for club communications, please indicate here. |  |

|  |
| --- |
| **Date of Birth**: |

|  |  |  |
| --- | --- | --- |
| **Membership Category (Tick which box is appropriate)** | | |
| **New Members or Lapsed Members not paid** by **28th FEB** | **Annual Fee** |  |
| Adult | £30 |  |
| Family (at same address) | £42 |  |
| Social/ under 18 / Old Sols / Over 65s | £19 |  |

|  |  |  |
| --- | --- | --- |
| **Existing Members** | **Annual Fee** |  |
| Adult | £25 |  |
| Family (at same address) | £37 |  |
| Social/ under 18 / Old Sols / Over 65s | £14 |  |

|  |  |  |
| --- | --- | --- |
| **Tudor Grange Track Fees** | Number of riders |  |
| These are Payable via RiderHQ when you register |  |  |

|  |
| --- |
| If Direct Debit form is received before **1st Dec**, collection from bank will be **1st Jan** |

**Family membership – please provide names and Dates of Birth**

|  |  |
| --- | --- |
| **Name** | **D.O.B** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| **Please detail overleaf any important personal disability / medical condition which the coaches/run leaders should be aware of (e.g. Asthma, Diabetes, Epilepsy)** |

|  |
| --- |
| **As parent/guardian I give permission for my son/daughter to participate in all Solihull Cycling Club events.**    \*Please tick  **Signature**: **Date**: |

|  |
| --- |
| **I wish to apply for membership of Solihull Cycling Club and have read the club constitution with regards to insurance. Therefore, I will insure myself with 3rd Party insurance. We recommend British Cycling.**  **My Insurance No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ British Cycling/Cycling UK/BMCR/TLI** \* Please delete as appropriate  **Signature: Date:** |

Payment is by BACS, cheque (payable to **Solihull Cycling Club**) or Direct Debit (form available on request). Please send your completed application to:-

**Jean Brownsword - Membership Secretary** [**membership@solihullcc.org.uk**](mailto:membership@solihullcc.org.uk?subject=Solihull%20CC%20Membership%20request)

**BACS payment account details below:**

**Sort Code 09-01-54 Account No**

**YOU MUST USE YOUR NAME AS THE 'REFERENCE'**

If you have any questions or require an address to send your form or cheque, please contact [membership@solihullcc.org.uk](mailto:membership@solihullcc.org.uk)