

Signature:

Solihull Cycling Club

Application for Membership of Solihull Cycling Club

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

| Established 1929 | | | | |
|--|--|------------------------------|----------|--|
| Surname: | First Name(s): | | | |
| Address: | • | | | |
| | | | | |
| Do-A Code | Telephone: | | | |
| Post Code: | 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 wh | | | | |
| 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 | | | | |
| If Direct Debit form is received before 1 st | Dec, collection from bank will | be 1 st Jan | | |
| Family membership – pleas | e provide names and Dates of | Birth | | |
| Name | D.O.B | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Please detail overleaf any important personal disability / me aware of (e.g. Asthma, Diabetes, Epilepsy) | dical condition which the coa | ches/run leaders should l | be | |
| aware or (e.g. Astrilla, Diabetes, Epilepsy) | | | | |
| As parent/guardian I give permission for my son/dau | ghter to participate in all Soli | hull Cycling Club events. | | |
| *Please tick *Coached and Non-Coached riding | *Over 13 can be unaccompanied | | | |
| Signature: | Date: | | | |
| | | | | |
| I wish to apply for membership of Solihull Cycling Club and have reainsure myself with 3 rd Party insurance. We recommend British Cycli | _ | irds to insurance. Therefore | , I will | |
| My Insurance No: British Cycling/Cycli | ng UK/BMCR/TLI * Please d | elete as appropriate | | |

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

Date:

BACS payment account details below:

Sort Code 09-01-54 Account No 44 0334 83

YOU MUST USE YOUR NAME AS THE 'REFERENCE'