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|  | Worthing Trials Club |  |

www.worthingtrialsclub.co.uk

**Membership Application**

**1st January 2019 to 31st December 2019**

**Please print clearly. Fields marked** \* **are compulsory.**

**\*Name**:

**\*Address**:

**\*Post Code**:

**Telephone Number (Inc Code**):

**Mobile Number**:

We may text you if an event is cancelled or the venue is changed at short notice

**\*Emergency phone No**:

In case of illness or accident

**E-mail Address**:

**\*Date of birth if under 18**:

**Youth Riders: If under 16 on 1st Jan 2018, tick here [ ]**

 **Membership: Adult [ ]  Youth [ ]  Family [ ]** (see below)

 **Name of family members**:

 Maximum 2 adult and 2 youth riders

**I am prepared to help with the following:**

**Working parties:** **[ ]  Laying Out:** **[ ]  Observing: [ ]  (Please tick)**

**Membership Fee: Adult £15, Youth £10, Family £20**

Please make cheques payable to: Worthing Trials Club.

Please send with SAE to: Mr Graham Williams, Elmslee, Elm Grove, Lancing, West Sussex, BN15 8PD

Note: Data protection. Information given on this form will be held by Worthing Trials Club. It will not be passed on to third parties. Your email address will only be used to send Worthing Trials Club information regarding events and results etc. If you do not wish to receive such emails, do not enter your email address above.

Club use: Paid chq/cash……….. Member number…………. Date issued……………