



### Club Membership Application Form

Please complete the application form below *(you can type the info in on MS Word)*.

Name:		Gender:		
Address:		Date of Birth:		
		Postcode:		
		Tel (Home):		
		Tel (Mobile):		
Email Address:				
How did you find us?	Website	Friend	Brit. Cycling	Other
If other, please state:				
Indicate your interest in the following cycling disciplines on a scale of 1-5 with 1 being the lowest:				
Road Racing:	Time Trial	Mtain Bike	Cyclo-Cross:	Audax:
What level of cycling have you participated in previously?				
Please complete the reverse of this form giving details of any disabilities or important medical information that our coaches/club should be aware of (e.g. epilepsy, asthma, diabetes, a recent injury, etc) and recommended treatment/actions to be taken if symptoms appear.				

**Emergency Contact Details:** Indicate below who should be contacted in case of an incident/accident

Name:			
Tel (Home):		Tel (Mobile):	

<b>First Aid:</b> Do you have any first aid qualifications? Please describe below	Yes / No
Renewal date	

I hereby declare the above to be correct and that I declare myself to be an amateur as defined by the rules of the BCF and CTT. I will read and follow the clubs rules and etiquette. I also understand that if I participate in events organised by the club I will at some time be expected to provide help.

Signed: ..... Date: .....

Please return this form along with your remittance (cheques payable to Marshes Cycling Club) to:  
Chris Partington – Dawland Cottage, Highfield Lane, Womersley, Doncaster, DN6 9BS

