



## Membership Application Form 2019

<b>Name:</b>	
<b>Address:</b>	
<b>Telephone number:</b>	
<b>E-mail address:</b>	
<b>Date of birth:</b>	
<b>Membership category:</b> (Please select one)  <i>A signed parental consent form must also be completed for all children under 18 years of age</i>	Senior (over 18) - £30  Junior (under 18) - £6

Please send the completed membership application form to: Membership Secretary, A5 Rangers Cycling Club, 101 Watling Street, Towcester, NN12 6AG or by email to [membership.secretary@a5rangerscyclingclub.org.uk](mailto:membership.secretary@a5rangerscyclingclub.org.uk)

Payment can be made by bank transfer to A5 Rangers Cycling Club, Sort Code **30-18-83** Account Number **12127760** (please ensure you use "**Your Name – SUBS**" as the payment reference) or by cheque made payable to "A5 Rangers CC".

If you have a medical condition that could affect you whilst riding with us (e.g. epilepsy, asthma, a recent injury, etc) it is your responsibility to bring this to the attention of the ride leader before any club ride you participate in. If you have any concerns about participating in any form of physical activity then please consult your GP before taking part in cycling activity sessions.

I apply for membership to the A5 Rangers Cycling Club. If accepted, I agree to abide by the rules and regulations of the Club.

As a club member you will be asked separately to consent to the club processing your private data.

My annual subscription of £                      has been paid by Bank Transfer / Cheque is enclosed.

**Date:**

**Signature:**