

Membership Application Form

Name: _____

Address: _____

Email address: _____

Date of birth: _____

Have you been a member of a cycling club? Yes (Name _____) / No

I agree to abide by the rules, protocols, regulations, and policies of Medway Velo (available on the club website for inspection).

All active members are expected to hold appropriate third party insurance through an organisation such as British Cycling or Cycling UK.

Signature: _____

Notes:

The completed form should be passed to the membership secretary (via a committee member of the club if necessary) with the annual subscription of £15 (cheques payable to Medway Velo). Membership lasts for 12 months from the date of being received by a committee member.

This form and the appropriate subscription of £15 can also be posted to:

Medway Velo Club
c/o 16 Pintail Drive
Iwade
Sittingbourne
Kent
ME9 8QW