

MIDDLETON CYCLING CLUB

Founded 1941

APPLICATION FOR MEMBERSHIP

Please read the following terms and conditions before completing the application form:

1. Membership runs from January 1st until December 31st each year. If I wish to remain a member of the Middleton Cycling Club after my initial membership has expired I must pay the appropriate membership fee to remain a member of the club for the next 12 months.
2. All active Middleton Cycling Club members are strongly advised to obtain third party insurance, by obtaining the relevant level of cover / membership provided by also joining either the British Cycling Organisation or the Cyclists Touring Club. This is to help in case of claims against or from third parties as a result of an accident.
3. Middleton Cycling Club cannot be held responsible if you are involved in an accident whilst taking part in any event organised by the Club or its members.

Once completed please return this form to the Club Secretary along with the appropriate membership fee (Cheques should be made payable to Middleton Cycling Club)

| | | | | |
|--|---------------------------|-------------------------------|--------|-----------------------|
| Please indicate your chosen type of Membership Requested | Full Senior (16 yrs +) | Full Junior (Under 16 yrs) | Social | 2 nd Claim |
|--|---------------------------|-------------------------------|--------|-----------------------|

The **Parental Consent** section of this form (see reverse) must also be completed for anyone under the age of 16

| | |
|---------------------|--|
| Full Name | |
| Address | |
| Telephone | |
| E-Mail Address | |
| Date of Birth | |
| Signature | |
| Date of Application | |

THIS QUESTION IS OPTIONAL - You do **NOT** have to answer:

Do you have any health problems which the cycling club should be made aware of (e.g. a Heart Problem, Visual Impairment or other health condition) If you do then please state them in the box below

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This section of the Form is to be completed by Club Officials only

| | | | |
|--------------------|--|------------------------|--|
| Proposed By: | | Seconded By: | |
| Insured By: | | Accepted? | |
| Club Rules Issued? | | Club Standards Issued? | |

Parental Consent

Either a Parent or Guardian must complete this section of the membership form for the individual who wishes to become a member of Middleton Cycling Club.

Name _____

Address _____

Being the parent (or Guardian) of _____ who was born on _____

Hereby agree that my Son / Daughter can participate in cycling rides / events organised by Middleton Cycling Club or its members, entirely at his / her own risk and without any liability whatsoever on the part of the Middleton Cycling Club.

Signature _____

Date _____