

# West Suffolk Wheelers - Membership Application 2017

Full name:		Date of Birth:	
Partner & children <sup>1</sup>			
Dates of Birth:			
Address:			
		Postcode:	
Telephone No:	Home:	Mobile:	
Email address:			

## Please indicate the required membership type (based on age when joining)

This is my only cycling/triathlon club (First Claim Membership)		
Under 18 Category – not family member <sup>1</sup>	£15	
Retired (60 or over) or Unwaged	£20	
Single Adult – First Claim	£30	
Couples or Families living at the same address	£45	
I am a member of another cycling/triathlon club		
Second Claim Member	£20	
Name of First Claim Club		

New members only: From July 1<sup>st</sup> pay *half* the yearly amount; from October 1<sup>st</sup> pay *one third*.

## I wish to apply for membership of the West Suffolk Wheelers and certify that:

- I agree to abide by the rules of the Club.
- If I am a member of another cycling/triathlon club, I understand the implications of First/Second Claim membership.
- I am in agreement that the information on this application will be held securely as data by the Club Committee on a computer and will be used for the Club's purposes only.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return this form with fees due (cheques payable to 'West Suffolk Wheelers') to the Membership Secretary:

Peter Heath,  
6 Maltings Garth,  
Thurston,  
Bury St Edmunds, IP31 3PP  
membership@westsuffolkwheelers.org

1. **Under 18 Year Olds:** To ride time-trials on the road members must submit a completed parental consent form before racing.
2. It is the policy of the club to encourage members to ensure they have at least 3<sup>rd</sup> party insurance. (Often included in British Cycling, British Triathlon, and/or Cyclists Touring Club membership.)
3. Your email/telephone number may be listed periodically in a Newsletter to members. If you DO NOT want your contact details included tick here