



## Seeds Cycling Membership Form

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| PERSONAL DETAILS |  |          |  |                                   |
|------------------|--|----------|--|-----------------------------------|
| TITLE            |  | D.O.B    |  | Please<br>Attach<br>Photo<br>here |
| FIRST NAMES      |  |          |  |                                   |
| SURNAME          |  |          |  |                                   |
| ADDRESS          |  |          |  |                                   |
| TOWN             |  |          |  |                                   |
| COUNTY           |  | POSTCODE |  |                                   |
| HOME TELEPHONE   |  | MOBILE   |  |                                   |
| EMAIL            |  |          |  |                                   |

| RIDER PROFILE   |        |  |              |               |
|---|--------|--|--------------|---------------|
| BRITISH CYCLING MEMBER  | YES    |  | NO           | IF YES NUMBER |
| CYCLING EXPERIENCE  | NOVICE |  | INTERMEDIATE | ADVANCED      |
| Note ! Novice less than 6 months on the road<br>Intermediate 6 + months, can ride at 15 mph average. Flat route.<br>Advanced 12 + months, can ride 18 mph average. Over 40 miles flat route |        |  |              |               |
| MEMBER TO ANOTHER CLUB  |        |  |              |               |

| EMERGENCY CONTACT INFORMATION  |          |                |
|--|----------|----------------|
| NAME   | RELATION | CONTACT NUMBER |
|  |          |                |
|  |          |                |
| Note ! The first emergency contact provided will be printed on your membership card. |          |                |

| DECLARATION  |           |      |
|--|-----------|------|
| I hereby declare that all information I provided on this form is true and correct. I also declare I have read and understood all club rules and etiquettes, and I undertake to comply with and uphold all rules, etiquettes of the club. |           |      |
| PRINTED NAME   | SIGNATURE | DATE |
|  |           |      |
| Note ! If under 16 we will need supported name and signature from parent/guardian.   |           |      |
| PRINTED NAME   | SIGNATURE | DATE |
|  |           |      |