## GILLINGHAM Wheelers

## **MEMBERSHIP APPLICATION FORM 2025**

Name: DoB:			Hon	Home Tel:		
			Mobile:			
Email:			- '			
Address:						
Do you hold Cycling Specific : Governing Body:	3 <sup>rd</sup> Party Liab	ility Insura		Yes / No British Cycling / Cycling l	JK / Other	
MEMBERSHIP TYPE (please tick):						
Adult (19 years and over)	£20-00		<b>Family</b> (Up to 2 adults + any number of children 18 & under at same address)		£40-00	
<b>Couples</b> (19 years and over living at same address)	£38-00	Une	Unemployed (proof required)		£11-00	
<b>Student</b> (in full time education with proof of studies)	£10-00		<b>ountry Member</b> (Main home more than 0 miles from Wheels shop)		£10-00	
<b>Youth</b> (18 yrs or under on 1st January)	£6-00					
or Couples or Family Membership p	lease insert the	additional m	ember's na	ame(s) and dates of birth below	w:	
Full Name			-ull			
DoB			Name DoB			
Email			Email			
agree to abide by the Club Rules	s and, if I am ur lub holding the	nder 18 yea details on f	rs of age, this form i	n an electronic database.		
	ı.c.					
MERGENCY CONTACT DETAIL	L3:					
MERGENCY CONTACT DETAIL Name:	L <b>3</b> :		Home Te	21:		
	.5:		Home Te	el:		
Name:	.5:			el:		

Payment can be made by Bank Transfer or by Credit or Debit Card. Please ask for details and return this form to: