

GILLINGHAM *Wheeler*s

MEMBERSHIP APPLICATION FORM 2024

(Please complete the form in full to ensure the Club's records are kept up to date)

Name:	Home Tel:
DoB:	Mobile:
Email:	
Address:	
Do you hold Cycling Specific 3rd Party Liability Insurance? Yes / No	
Governing Body: British Cycling / Cycling UK / Other	

MEMBERSHIP TYPE (please tick):

Adult (19 years and over)	£20-00	<input type="checkbox"/>	Family (Up to 2 adults + any number of children 18 & under at same address)	£40-00	<input type="checkbox"/>
Couples (19 years and over living at same address)	£38-00	<input type="checkbox"/>	Unemployed (proof required)	£11-00	<input type="checkbox"/>
Student (in full time education with proof of studies)	£10-00	<input type="checkbox"/>	Country Member (Main home more than 50 miles from Wheels shop)	£10-00	<input type="checkbox"/>
Youth (18 yrs or under on 1 st January)	£6-00	<input type="checkbox"/>			<input type="checkbox"/>

For Couples or Family Membership please insert the additional member's name(s) and dates of birth below:

Full Name		Full Name	
DoB		DoB	
Email		Email	

I apply for membership as a First / Second* Claim member (*delete as applicable) until 31 December 2022.
I agree to abide by the Club Rules and, if I am under 18 years of age, my parents are aware of my application. I consent to the Club holding the details on this form in an electronic database.

If 2nd Claim, name of 1st Claim Club:

EMERGENCY CONTACT DETAILS:

Name:	Home Tel:
DoB:	Mobile:
Email:	
Address (if different):	

Signature..... **Date:**.....

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

**Pete Humphreys, Membership Secretary, Gillingham & District Wheelers,
Little Hayes, Bay Road, Gillingham, Dorset, SP8 4EW**