



Walkers Cycling Club

Membership Application Form 2010

Please complete and return this form with membership fee to:

Walkers CC Treasurer, 528 Paisley Road West, Glasgow, G51 1RN

Please make cheque/postal order payable to 'Walkers Cycling Club'

Please note that helmets must be worn on all Club Rides

Name Date of Birth
for emergency use only

Address.....

Town Post Code

Telephone Mobile

Email.....

Signature Date

Cycling interest(s) (please tick all that apply)	
Road	<input type="checkbox"/>
Cross country	<input type="checkbox"/>
Downhill	<input type="checkbox"/>
Leisure	<input type="checkbox"/>
Touring	<input type="checkbox"/>
Cyclo-cross	<input type="checkbox"/>
Other (please specify)	

Emergency Contact Person

Telephone Mobile.....

<p><u>Parental Consent (if under 18)</u></p> <p>I consent to my Son/Daughter joining Walkers Cycling Club and participating in club activities.</p> <p>Signature Print Name Date</p> <p><i>Please note that the under 18's must be accompanied by a parent or guardian on club outings/runs and require their own personal and third party liability insurance (such as British Cycling Silver Membership or insurance cover from a similar organisation)</i></p>
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Please Complete for Treasurer Amount paid

Date Name

Address Post Code

Telephone Mobile

Email