

Spa Riders MCC

Membership Application Form

Please print clearly (particularly the email address)

Given Name: _____

Preferred Name: _____

Gender: M F **delete as appropriate**

email address: _____

NB if you do not supply a valid email address you will not be able to access the members' section of the Club Web site and you will not receive email notifications from the club.

Address: _____

_____ Phone: _____

_____ Mobile: _____

Post Code _____

Type of Membership, Rider or Social **delete as appropriate** NB you must have a bike licence (if Provisional you must also have a current CBT) to apply for Rider membership.

Partner's Name: _____

Declaration:

I have read, and agree to abide by, the Constitution of Spa Riders MCC.

I hereby apply for membership.

Signed applicant: _____ Date: _____

Signed Officer: _____ Date: _____