



**MEMBERSHIP FORM 2012 – Membership Fee £15
Additional Associate/Non Riding Members £3 each**

FIRST NAME (S)	
SURNAME	
DATE OF BIRTH	
SEX (Tick as appropriate)	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
HOUSE NUMBER/NAME	
STREET	
TOWN	
COUNTY	
POSTCODE	
TEAM (If applicable)	
CATEGORY (Tick as appropriate)	NOVICE <input type="checkbox"/> EXPERT <input type="checkbox"/>
BCF LICENCE NUMBER	
TELEPHONE NUMBER	
MOBILE NUMBER	
EMAIL ADDRESS	
GUARDIAN NAME (If under 18)	
GUARDIAN CONTACT NUMBER (If under 18)	
EMERGENCY CONTACT NUMBER	

I / my son / my daughter would like to join the Andover BMX Club and understand that the club, its servants, agents, or employees are not under any liability whatsoever for the loss of property, accidents or injuries to me/him/her however caused. In the event of an accident occurring while your child is participating at Andover BMX Raceway track, your permission is required to allow physical contact should First Aid treatment be needed.

Data Protection 1998

Your records will be held on our club database in line with the Data Protection Act 1998. We would like to assure you that your personal details will be securely held by our organisation and will not be used for any purpose other than the administration of the club and to inform you the member of its activities. In accordance with the data protection act we are obliged to request written confirmation that you are happy for your details to be held for this purpose. Completing this form will show your acceptance of this. Whilst club membership is open to all every application will be subject to the committees acceptance and may be declined with no reason given.

By completing this form you agree to abide by the rules & regulations of Andover BMX Club

PRINT NAME: _____

SIGNATURE: _____

SIGNATURE (of guardian if under 18): _____

Non Riding Members £3 each

Christian Name

Surname

Christian Name

Surname

Total Cheque Payable.... £.....

DATE: ____/____/____

Please make cheques payable to Andover BMX Club. Return this form to:-
Membership Secretary, 35 Mylen Road, Andover, Hants, SP10 3HD