# Milton Buzzard Motorcycle Club

## Membership Application

PLEASE COMPLETE IN BLOCK CAPITALS

Title _____ Forename _____ Surname _____

Address _____

_____ Postcode _____

Phone No _____ Membership No (if renewing) _____

Email

Email address is used for club contact only

Model of Bike(s) _____

I apply for Trials Membership of Milton Buzzard Motorcycle Club for the yeat ending December 20 _____

I agree to abide by the Rules of the Club and the National Sporting Code of the A.C.U as all times.

I hereby indemnify the Milton Buzzard Motorcycle Club, all Officials, Land Owners and Representatives of the Club, in respect of Legal Liability to Third Party Claims arisinf out of any accident whilst using land rented by the club as a practice facility.

I agree that my name and address may be kept on a computer for Administration purposes only and will not be given or sold to any other party.

I HAVE READ THE MEMBERSHIP CONTRACT AND SAFETY RULES OF THE CLUB (AVAILABLE ON OUR WEBSITE)
AND AGREE TO ABIDE BY THEM.

Signature _____ Date _____

IF UNDER 18 YEARS OF AGE: Age: _____ Date of Birth _____

Signature of Parent/Guardian _____

Printed Name _____ Relationship To Child _____

| | | | Tick Box |
|---|---|---|---|
| SUBSCRIPTION | Adult | £32.00 | ☐ |
| | Junior | £27.00 | ☐ |
| | Family Membership * | £37.00 | ☐ |
| | Please complete a form for each family member Signed by Parent or Guardian | | |
| | Tick if you require an ACU Number | | ☐ |
| | Non Riding Membership | £12.00 | ☐ |
| | Numbers of Bikes | | ☐ |
| | Total | £ | |

Cheques Payable to: Milton Buzzard MCC and sent to
Mr Mark Glaze, 44 Vicarage Lane, Wilstead, Beds. MK45 3EY
Tel: 07984608285

Online Bank Transfer Details Sort code: 09-01-28 Account No: 27061113

* Family Membership Includes Spouse and 3 Siblings (up to 16 Years old) all living at the same address.

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Club use only

Date Received _____ Entry No _____ Membership No _____

Paid: Cash ☐ Bank Transfer ☐ Cheque ☐ Cheque No: _____