

Membership Application and Renewal Form 2010 - Seniors

All members are requested to complete this form in order that our records are brought up to date. As part of our Club Mark accreditation we are required to keep details of medical conditions or disabilities which are relevant to cycling sport.

Any under 16 year olds who are joining as Whizz Kids rather than as family members need to complete a separate application form which is available from Dean Barnett, our Youth Development Officer.

The club year runs from 1st January to 31st December. Any member not renewing his/her membership by 1st March will be deemed to have resigned from the club.

Please fill in the boxes which are shaded in grey and return the form with your subscription to the Membership Secretary

Club Membership Secretary - Claire Waterfield	
Address:	63 Forge Close Fleckney Leicestershire LE8 8DA
Tel:	0116 2404655
Email:	i.cwaterfield@sky.com

Membership Fees	
Seniors	£15.00
Over 65s (d.o.b. after 28.10.1943)	£5.00
Junior (17 to 18)	£5.00
Youth (12 to 16)	£2.50
Go Ride (under 12)	Free
Family Membership-at same address,plus offspring under 19yrs	£22.50

Personal Details of Individual

We will use this information to ensure that you are kept informed about club events.

Name		Gender	Male	Female
Address		Date of birth		
		Telephone		
		Mobile		
Post Code		Email		
<i>Club Newsletters will be sent to your designated email address if given</i>				

Membership Type

Members who belong exclusively to Welland Valley CC are deemed first claim members.

Members who belong to another club as first claim members may join (at the committee's discretion) but will not be eligible to score points in club competitions.

Application type	Renewal	or	New Member
Status	First Claim	or	Second Claim

Member of other Cycling Clubs (please state club(s))	
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Family Membership (if applicable)

Name	Date of birth	Gender	Email Address
		M / F	
		M / F	
		M / F	
		M / F	
		M / F	
		M / F	

Disability Discrimination

The Disability Discrimination Act 1995 defines a disabled person as anyone with, 'a physical or mental impairment, which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.'

Do you consider yourself to have a disability?	Yes	No
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If yes, what is the nature of your disability?	Visual Impairment	
	Hearing Impairment	
	Learning Disability	
	Physical Disability	
	Multiple Disability	
	Other (Please Specify)	

Medical Information

Please detail below any important medical information that our coaches/club should be aware of (e.g. epilepsy, asthma, diabetes, a recent injury, etc).

Medical Condition	Recommended Treatment / Action to be taken if symptoms appear

Emergency Contact Numbers (who we can contact if you are involved in an incident)

Name	Number	Relationship