

Membership Form for the Team De Ver Cycling Club



Please return this form to:
 Team De Ver Membership Secretary
 De Ver Cycles, 632-636 Streatham High Road, LONDON SW16 3QL

Name	Forename	Surname		
Date of Birth	(dd/mm/yy)	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Address				
Postcode				
Email				
Mobile Phone				
Home Phone				
It is recommended for all members to join British Cycling. Some ride events are only open to BC members.				
British Cycling Membership No		Membership Type	(eg "Ride" "Bronze" etc)	
Medical details are optional and may appear on your membership card.				
Organ Donor Card	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Blood Type (if known)	
Medical info or allergies				
Please provide details of next of kin or a close friend who can be contacted in emergency.				
Emergency Contact Name				
Emergency Contact Telephone				
Please tick, sign and date to accept terms.				
Terms and conditions acceptance	<input type="checkbox"/> I agree to the terms and conditions for membership of Team De Ver Cycling Club. I hereby apply for club membership and agree to abide by the Team De Ver Club Code of Conduct . I agree that the details I submit on this form may be stored on a computer to establish or maintain membership or support, or to provide or administer activities for people who are members of the club. I will inform group leaders of any relevant health problems at the beginning of each club training session.			
Signature		Date	(dd/mm/yy)	