



LUDLOWCC

Membership Application Form

Name:	Mr/Mrs/Miss		Address:		
D.O.B	__ / __ / __	Mobile			
Tel No.		e-mail:		Post Code	
Senior (18 or over)	£7.00		Second Claim - Senior	£6.00	
Junior (under 18)	£5.00		Second claim - Junior	£3.00	
Family *	£15.00		Second Claim - family	£12.00	
TT race fees (season)	£25.00		Tick if you do not want your address circulated to other members: <input type="checkbox"/>		

* Additional Family Members – (one further senior) plus juniors, all to be living at same address.

Name	D.O.B	M/F	Name	D.O.B	M/F	Name	D.O.B	M/F

I/we wish to join Ludlow Cycling Club and agree to abide by the rules of the club.

Signature: _____

Date: ____/____/____

Payment I have completed the attached Mandate for the sum of £ _____ []
 (complete I will arrange directly with my Bank to pay annually the sum of £ _____ []
 one) I have enclosed cash/a cheque for the sum of £ _____ []

.....**Standing Order Mandate**.....

To the Manager (please enter the details of your bank account that the payment will be paid from).

Acc. Name:		Bank	
Sort Code	[][][][][][][]	Address:	
Acc. No	[][][][][][][][][][]	Post Code	

PAY TO:	LUDLOW CYCLING CLUB	Bank	TSB
Sort Code	[3][0][9][5][2][7]	Address:	16 Broad Street Ludlow
Acc. No	[0][0][2][3][3][1][6][0]	Post Code	SY8 1NQ

Amount of payment: £ _____ amount (in words) _____

Date of 1st payment: ____/____/____ and then annually on the 1st January until further notice.

Signature/s _____ Date: ____/____/____

Please return completed form to: Peter Ding, 128 Godiva Road, Leominster, HR6 8TA