

# KIDSGROVE WHEELERS

## CYCLING CLUB

Senior Associate Membership Application Form  
(Over 18 years of age)  
Please Print In Capital Letters.

Name

Address

  
  

Postcode

Telephone Number

Date Of Birth

I wish to become an Associate member of the Kidsgrove Wheelers Cycling Club and understand and agree that I cannot participate in events promoted by the Club. I may be elected as an auditor, or to the membership of the Committee, but may not be an officer of the Club.

Signed

Printed

All members are strongly advised verbally/written to join the CTC(Cycling Touring Club) to obtain personal insurance cover. Information may be obtained from the Chairperson or Secretary or the appropriate website.

