**Evesham & District Wheelers Membership Application / Renewal Form Year 2018**

(This form must be filled in to renew or join the club for the year 2018)****

**Name:**

**Address:**

**Postcode: Email:**

**Telephone: Mobile:**

**Date of Birth:**

**Emergency Contact:**

**Name:**

**Address:**

**Telephone: Relationship:**

**Are you joining Evesham Wheelers as a 1st claim club member? Yes/No (please circle which)**

**Further information:** Please write in the space below

\*the name of your 1st claim club, if you answered “no” in the line above

\*anything else you think the club should know about eg medical condition etc..

**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**

**If yes, please state nature of disability or special needs.**

**Parental Consent This MUST be signed by parent or guardian of young person U18 before taking part in any club activities.**

I agree to my son / daughter's membership of Evesham & District Wheelers and to taking part in club activities. I

understand and agree that my son / daughter participates entirely at his/ her own risk. I have considered the nature of the activities and have discussed them with my son/daughter. I am satisfied that my son /daughter is sufficiently responsible and competent to assume full and entire responsibility for his / her own safety.

**Signed Parent / Guardian Date**

**Membership fees:**

**You must have current third party insurance eg CTC/BC/LVRC etc.membership no. & renewal date to participate in club rides. Please give details to the right.**

**Senior £13.00**

**Additional family member £11.00**

**Junior (under 18) Free**

**Social member (not taking part in club cycling activities £13.00**

**I apply to join / renew my membership of Evesham & District Wheelers and agree to abide by the rules of the**

**club, and confirm that I have read the Club Etiquette Code.**

**Signed Date**

**Return form and payment or standing order to the Membership Secretary:**

**John Jenkins, Oakdene, Manor Road, Wickhamford, Evesham, WR11 7SA**