



Application for Club Membership (Year End 2019)

Name:	
Address:	
	Post Code:
Date of Birth:	Age:
Telephone Number [Home]:	
Telephone Number [Mobile]:	
Email Address:	
Emergency Contact [Name]:	Tel:

Subscription Rates: [tick the appropriate box below]

A membership card will be issued that will be required (as proof of membership) when purchasing products from all branches of Thomas's. *Children are classed as an adult from the date of their 18th birthday.

Family [Limited to 2 Adults & 2 Children]: £30.00	<input type="checkbox"/>	Under 16: Free	<input type="checkbox"/>
Adult: £25.00	<input type="checkbox"/>	2 nd Claim: £5.00	<input type="checkbox"/>
Under 18: £15.00	<input type="checkbox"/>	Payment made via internet banking [details below]	<input type="checkbox"/>

Internet Banking: If you wish to pay via internet banking below is the account information required. Please quote your full name in the 'Reference' text field whilst processing your payment as this makes tracking of the payments easier to manage.

Payee: VC Revolution **Payee Account Number:** 31395270 **Payee Sort Code:** 40-18-51

I have read, understand and accept the VCR club rules. I wish to apply for membership to join the VC Revolution Cycling Club. I understand that involvement and attendance at club events is expected of me and that I should be proactive in my support and promotion of the VC Revolution Cycling Club. [If this application is for a child or children under the age of 16 years old I agree to my child/children being a member of the VC Revolution Cycling Club and realise that the club or any member will not be held responsible for accidents my child/children may encounter].

Signature: Date:

Return this form with payment to:

Alan Lawrence
42 Haddon Park
Colchester
Essex
CO1 2GX

Email: vcrevolution@gmail.com
Telephone: 01206 863 207
Mobile Telephone: 07764 461 599

Cheques payable to: VC Revolution

Visit our web site at www.vcrevolution.co.uk

Form devised by Alan Lawrence on 23rd December 2009



Application for Family Membership (Year End 2019)

Family Membership: Complete all the boxes below with details of every family member that is to be included in your VCR family membership.

Adult 2

Name:	
Date of Birth:	Age:
Address [if different than previous page]:	
Tel No:	
E-mail address:	

Child 1

Name:	
Date of Birth:	Age:

Child 2

Name:	
Date of Birth:	Age:

Please note that the Management Team of the VC Revolution Cycling Club have the right to reject in writing any application that they feel is unsuitable to join the organisation.