



**BALLYMENA
ROAD CLUB**

POWERED BY



MEMBERSHIP APPLICATION FORM (MANUAL)

Name: _____

Address: _____

DOB: _____ **Contact Tel:** _____

Membership Renewal? YES/NO

Type of Membership Required:

Cycling Supporter	<input type="checkbox"/>
Leisure	<input type="checkbox"/>
Limited Competition	<input type="checkbox"/>
Full Competition	<input type="checkbox"/>
Associate Membership	<input type="checkbox"/>

Email Address: _____

Emergency Contact:

Name : _____ **Tel:** _____

Signed: _____ **(Applicant)** **Date:** _____

Official Use Only

CI Membership Fee: £ _____ Club Fee (£15): Associate Fee (£15):

Cycling Ulster Levy (if applicable): Total Paid: £ _____

Payment Method: Cheque/Cash Signed: _____ (Club Official)

