

MEMBERSHIP APPLICATION FORM

| Name | | | | |
|--------------------------------|-------------------------|-------------------------|--------------------------------|-------|
| Tel / Mob Nur | mber | | | |
| e-mail addres | s | | | |
| Please comple | ete all the following s | sections for additional | members. | |
| Туре | Name | D.O.B (Junior) | BRCA Number | Cost |
| Adult (above) | N/A | N/A | | £15 |
| Adult | | N/A | | £15 |
| Junior | | | | £5 |
| Junior | | | | £5 |
| Junior | | | | £5 |
| | | Total | | £ |
| Are you a new | | d you hear about the | club? | |
| All MKRCCC n | nembers must be me | mbers of the BRCA | | |
| Junior membe the year appli | • | those of age 16 and u | nder on 1 st Januaı | ry of |

Please hand this completed form and payment to RACE CONTROL