



# ashurst bike club



## club membership application form

### personal details

**name:** \_\_\_\_\_

**date of birth:** \_\_\_\_\_

**gender:** male  female

**address:** \_\_\_\_\_

\_\_\_\_\_

*town/county* \_\_\_\_\_

*postcode* \_\_\_\_\_

**home tel:** \_\_\_\_\_

**mobile tel:** \_\_\_\_\_

**email:** \_\_\_\_\_

### interests

bike time trial  duathlon

bike road race  triathlon

bike touring  aquathlon

### club history

**previous/other clubs:** \_\_\_\_\_  
*(e.g. athletics club)*

**governing body membership:**

	Y	N	membership number:
british triathlon member:	<input type="checkbox"/>	<input type="checkbox"/>	_____
british cycling member:	<input type="checkbox"/>	<input type="checkbox"/>	_____

### emergency contact details

**name/relationship:** \_\_\_\_\_

**contact number:** \_\_\_\_\_

**medical history** *(please complete carefully, this information will remain confidential)*

condition	Y	N	condition	Y	N	condition	Y	N
bronchitis	<input type="checkbox"/>	<input type="checkbox"/>	asthma	<input type="checkbox"/>	<input type="checkbox"/>	chest pains	<input type="checkbox"/>	<input type="checkbox"/>
high blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	angina	<input type="checkbox"/>	<input type="checkbox"/>	heart disease	<input type="checkbox"/>	<input type="checkbox"/>
dizziness/fainting	<input type="checkbox"/>	<input type="checkbox"/>	diabetes	<input type="checkbox"/>	<input type="checkbox"/>	epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
recent operation	<input type="checkbox"/>	<input type="checkbox"/>	if Y, when & what was the operation for? _____					

please advise below of any further medical information that may be relevant:

\_\_\_\_\_

\_\_\_\_\_

**membership type**

- full membership**  *(racing membership £10 per year)*
- associate membership**  *(non-racing membership £1 per year)*

i have read the club constitution and club rules (available at [www.ashurstbc.org.uk](http://www.ashurstbc.org.uk)) and agree to abide by them.

**signed:** \_\_\_\_\_ **date:** \_\_\_\_\_

*all information received on this application will remain confidential and will only be accessible to the 'Officers' of the club and membership secretary. the information will be used solely for the purpose of your ashurst bike club membership. relevant information will be placed on your membership card, which becomes and remains your property for the duration of your membership.*

please send the completed form with a cheque made payable to 'ashurst bike club' for the correct fees to the club secretary at:-

m heesom  
56 news lane  
rainford junction  
st helens  
wa11 7ju