



**CYCLING CLUB - FULL MEMBERSHIP APPLICATION FORM**

**Full Name and Address of applicant:**  
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**Telephone Number:** .....

**Email address:** .....

**Date of birth:** ..... **Age:** .....

I the undersigned, wish to become a member of the 45 Road Club (Wellingborough).  
I hereby agree to abide by the rules of the said club.

**Signed:** .....

**Date:** .....

**Note to Parent or Guardian - This section must be completed if the applicant is under 18 years of age.**

I the undersigned, being the parent or legal guardian of the above child, hereby agree that neither the 45 Road Club, nor their servant, agent or officials shall be liable in any way or under any circumstances for any damage or injury the child may suffer during, in connection with, or as a result of joining this club, whether or not such damage or injury is caused by any negligence or breach of statutory duty by the said club, committees or the said persons or otherwise.

**Signed (Parent / Guardian):** .....

**Date:** .....

**Please indicate if you wish to receive information (Newsletters and race information) by email**

None of the data retained or stored by the 45 road club will be disclosed or sold to third parties.

**Please send this form to:-**  
Membership Secretary 45 Road Club  
41 John Gray Road  
Great Doddington  
Wellingborough  
Northants  
NN29 7TF

**Membership Fees**  
\*£5.00 for 11-17 year olds (Juniors).  
\*£12.50 for 18 and over (Seniors).  
\*£15.00 for couples.

**Please make all cheques payable to 45 Road Club**  
**Email: 45roadclub@gmail.com**