



Peak Rides CC

Membership Application Form - Membership No. (Office Use) _____

Personal Details

Title	
First Name	
Last Name	
Address 1	
Address 2	
Town/City	
Postcode	
Mobile	
Email	
Mailing List Opt-In	Please tick here if you agree to receive club email newsletters

Emergency Contact Number

First name	
Last Name	
Mobile	

Club Claims

First Claim Club (£10 yearly - 1 st Jan.)	
Second Claim Club (£5 yearly - 1 st Jan.)	
Under 16s - Free	Please state if the applicant is under 16.

Under 16s must be accompanied on all rides by a parent/guardian or other trusted adult.

I agree to follow all the club's rules and or regulations and all laws concerning the use of the highway. I understand and agree that I participate in all club activities at my own risk and without any liability on the part of the club, its committee or members. Further, I confirm I am wholly responsible and sufficiently experienced to assume full responsibility for my own safety during all club activities whether on public or private land, or on the public highway.

Sign	
Print	
Date	