Application for Membership of Gateway Cycling

Name of Me	emberember_
First Name	Surname DOB
Additional F	Family
Member Na	
DOB	inics and
DOD	
If any applic	cants are
	ing members,
	membership
numbers he	ere
Address	
	Street Address
	Street Address Line 2
	Town
	Postcode
	Postcode
Telephone	Mobile
relephone	Wiobile
Phone Number	Phone Number
	obile phone number to the Gateway Cycling WhatsApp group. I understand that a
	the group will see this number.
illellibers of t	the group will see this number.
Email	
Membershi	p
	. □ Junior under 18 - £10
	☐ Family - £30

Declaration

I confirm that the information provided by me is accurate.
Name
Signature
Date
For members under the age of 18 a Parent / Guardian consent form should also be completed. This can be downloaded from: https://www.gatewaycycling.org.uk/join-us/
Applications can be submitted to the Secretary at Club Night or sent to:
General Secretary
Gateway Cycling
115 High Road
Orsett
GRAYS
RM16 3LD

Payment should be made by bank transfer into the club bank account 30-18-34 01559612 using member(s) name as reference, to the club Secretary either at Club Night or by sending a cheque, payable to "Gateway Cycling".