



CHESHIRE'S MOTOCROSS



MEMBERSHIP APPLICATION FORM 2020

NEW MEMBERS ONLY: For under 18's please enclose a copy / copies of Birth Certificates. Once you receive your texted Cheshire's code you can then apply for you ACU Licence.

Full Name of Rider: _____ *Date of Birth:* _____

Rider Class: _____

.....
Full Name of Rider: _____ *Date of Birth:* _____

Rider Class: _____

.....
Full Name of Rider: _____ *Date of Birth:* _____

Rider Class: _____

.....
.....

MEMBERSHIP DETAILS:

Address & Post Code: _____

Telephone No: _____ *Mobile:* _____

Signed: _____ *Parent/Guardian:* _____

Email Address: _____

NB: Please return this form to the Secretary of The Cheshire Northwest SSC at the address below, together with your payment for the annual subscription fee of £30 per individual and £10 for each additional rider thereafter per family residing at the same address.

Enclosed: £ _____ Pay into PayPal: cnwssc@gmail.com (Contact: 07926 080 672)

PayPal Transaction ID: _____

Cheques payable to 'The Cheshire North West S.S.C.'

FOR CLUB USE ONLY DATE OF JOINING:

Please return form to:

HELEN REID 35 SUDBERY DRIVE, HEALD GREEN, CHEADLE, CHESHIRE, SK83BT

E-MAIL: nolegs18@outlook.com