



Cycle Seahaven Household Membership Application Form

Dr / Mr / Mrs / Miss / other:	
First Name:	
Surname:	
Address:	
Postcode:	Mobile number:
Name by which you prefer to be known:	Home number:
Email:	
<i>MEM.....</i>	

Please add additional household members on page 2.

Which types of cycling do you enjoy? *(Delete any not applicable)*

Road	Touring	Mountain Bike	Competitive
Family Rides with younger children		I'm a beginner and I'm not quite sure	

Are the following of interest?

Campaigning Yes / No	Bike Workshops Yes / No	Social Events Yes / No
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Dr / Mr / Mrs / Miss / other:		If under 18, Date of Birth:	
First Name:			
Surname:			
Name by which you prefer to be known:		Mobile number:	
Email: MEM.....			

Dr / Mr / Mrs / Miss / other:		If under 18, Date of Birth:	
First Name:			
Surname:			
Name by which you prefer to be known:		Mobile number:	
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Dr / Mr / Mrs / Miss / other:		If under 18, Date of Birth:	
First Name:			
Surname:			
Name by which you prefer to be known:		Mobile number:	
Email: MEM.....			



The information supplied will be held/used for the purposes of Cycle Seahaven's Membership administration and will not be passed to any other organisation without your permission. A copy of Cycle Seahaven's GDPR Policy can be found on the website at: <https://cycleseahaven.org.uk/wp-content/uploads/2019/03/GDPR.pdf>

I acknowledge and accept that I participate in any Cycle Seahaven ride or event at my own risk and that neither Cycle Seahaven nor the event organisers shall be liable for any loss or damage caused to me or my possessions. In addition, I accept that it is my responsibility to ensure that I am fit for any cycle ride in which I may participate and there is no medical reason that would prevent me from participating in the ride or event. I understand that helmets are compulsory on Club rides.

Name: Signature:

Date:

If any proposed members are under the age of 18, Parent / Guardian to sign:

Name: Signature:

Date:

In Addition:

By signing this form, I confirm that I have read and hereby give consent for any of my children or wards to participate in Cycle Seahaven rides and events. Full details of which can be found on the website under *Joining & Renewals > Youth membership*.

Please put a line through the above paragraph and sign if you do not wish to give consent.



Bankers Standing Order

Your Bank Name:

Name on Account:

Branch Address:

Account Number:

Sort Code:

Signature of
Account Holder:

Date:

To my bank. Pay £13:00 (thirteen pounds) today, then on 02 January 202__ and annually thereafter until further notice to:

CYCLE SEAHAVEN
LLOYDS BANK PLC., 17 PELHAM PLACE, SEAFORD, BN25 1LH.
ACCOUNT NUMBER: 22902360
SORT CODE: 30 – 65 – 37
USING THE REFERENCE: MEM_____

**Once completed, please post the original copy of this form to:
Cycle Seahaven Membership Secretary, 29a Glynn Road, Peacehaven, BN10 8AT.**