



## Cycle Seahaven Individual Membership Application Form

Dr / Mr / Mrs / Miss / other:		If under 18, date of birth:	
First Name:			
Surname:			
Address:			
Postcode:		Mobile number:	
Name by which you prefer to be known:		Home number:	
Email:			
<i>MEM.....</i>			

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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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: .....



### **Bankers Standing Order**

Your Bank Name:

Name on Account:

Branch Address:

Account Number:

Sort Code:

Signature of  
Account Holder:

Date:

To my bank. Pay £7:00 (seven 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.**