|  |
| --- |
| **Please complete in Capitals** |
| Surname | First name | Date of Birth |
| Other family members joining 1. |  |  |
| 2. |  |  |
| Address |
| **Emergency contact name / relationship** | **Emergency contact telephone no.** |
| Home telephone No. | Email address | Postcode |
| Mobile Nos. |
| Present / Previous cycling clubs |
| **Membership annual subscriptions:**Adults | **For 2025**@ £20 each  | **£** |
| Under 21s – see declaration below | Free |  |
| Family membership **(two adults and one or more under 21s)** | @ £35  |  |
| NOTES: 1. Membership of HCC is required in order to join the HCC STRAVA Group & Spond. If membership lapses STRAVA & Spond Group memberships will cease. | **Total membership subscription enclosed / to be enclosed** |  |
| **Statement by applicant**: I agree to:1. Abide by any safety principles promulgated by Hythe Cycling Club2. Loading of my personal data into the British Cycling Club Management tool and use in accordance with the British Cycling Privacy Policy that can be accessed at https://www.britishcycling.org.uk/staticcontent/info--Privacy-Policy-03. Hold third-party insurance for any bicycle used by me while I am a member of the club. Insurance can be obtained by membership of British Cycling (BC), the Cyclists Touring Club (CTC) or the League of Veteran Racing Cyclists (LVRC). **I am a member of: British Cycling / Cycling Time Trials (CTC) / other cycling organisation** (delete as appropriate)**Membership No.** |
| **Signature of applicant Date of application**  |
| **Please make membership payments to the club bank account (give your surname as reference)**Sort Code: 52-30-23Account No. 34865586Account Name: Hythe Cycling Club**Membership form to be e-mailed to** **cycleclub2015@gmail.com** **or posted to the address below** |
| **Declaration by parent or guardian for a member under 18**I hereby agree, being the parent or guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to him/her joining the Hythe Cycling Club and, at his/her own risk, taking part in activities organised by the club. I also agree to ensure that his/her bicycle and his/her clothing (including helmet) comply with necessary safety requirements. |
| **Name and address of parent / guardian** | **Emergency telephone No.** | **Signature of parent / guardian** |
| **For use by club**  |
| **Proposed By:** | **Seconded by:** | **Accepted / rejected** |

**Membership Application Form 2025**

**Hythe Cycling Club**

**Membership Application No**. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Club Membership Secretary**: Mark Brady, 44 Seaton Avenue, Hythe, CT21 5HH.