



RoSPA West Midlands
Advanced Motorcyclists Group



Membership Application Form

Please print, complete and return your details, please sign & date the form and return with your proof of BACS transfer and a photocopy of your driving licence to the Membership Secretary. An emailed scan or image is fine.

BACS details

Lloyds Bank Account Name RoSPA Advanced Motorcyclists
Sort Code 30 98 37
Account Number 50297168

I wish to become a *Associate/New Full Member/Full Member rejoining of the RoSPA WM Advanced Motorcyclists' Group. I understand that subscriptions are due annually in April.

Name Date of birth

Address

..... Postcode

Telephone..... Mobile.....

E-mail.....

In case of emergency please supply a contact name and phone number. (This is for the use of emergency services only)

Name.....Phone No

Please indicate your availability for training, this will help us pair you up with an available trainer.

Saturdays Sundays Weekdays Evenings (circle as applicable)

Please give brief details of any previous advanced riding experience. If you have passed the RoADAR test within the past 3 years, give your RoSPA ADA No., date of last test and grade awarded.

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Tell us about your current bike

Make..... Model Engine size.....

I heard of the group from

I have made Bacs Payment to RoSPA Advanced Motorcyclists' Group WM for £ and send a copy of my driving licence and the signed disclaimer form.
Signature Date

The details shown on this application will be stored on our computer files for use in producing mailing lists for information only. It will not be used by anyone other than the officers of the group and RoSPA for administrative purposes. If you wish to see your details held by the group, please contact the Membership Secretary.

FOR OFFICE USE ONLY. Membership No.....Trainer.....
Welcome & Test Information [] Books [] Voucher []



RoSPA West Midlands
Advanced Motorcyclists Group
Member Disclaimer Form



Disclaimer to be signed by a Group Member when participating in any group event or ride out and/or receiving tutored riding guidance

I (Name in block capitals) _____

confirm I am the holder of a full motorcycle driving licence and I understand that whilst receiving rider guidance from a designated tutor of the RoSPA West Midlands Advanced Motorcyclists group and/or participating in group events or ride outs

- i. I am in sole charge of my motorcycle
- ii. I am responsible for my own actions whilst riding it
- iii. I confirm that my motorcycle is correctly insured and I have a valid driving licence
- iv. I confirm that, if appropriate, I have a valid MOT test certificate for my motorcycle and it is maintained in a roadworthy and legal condition

I confirm that I have read the information and regulations provided.

I have had the opportunity to ask questions and had them answered to my satisfaction.

Signed _____

Print _____

Date _____

Please print & scan or email image to memsec.ospawm@gmail.com

This form will be kept in the club records for the life time of your club membership.

You will not be asked to sign the disclaimer every year.