



RoSPA West Midlands Advanced Motorcyclists' Group



Application form for membership

Complete the following details, sign, date the form and return with your cheque or proof of BACS transfer and a **photocopy of your driving licence** to the membership sec; Anita Clegg 20 Maple Road, Nuneaton, Warwickshire CV10 9AA.

Cheques should be made payable to RoSPA WM Advanced Motorcyclists' Group

BACS details are:

Lloyds Bank A/C 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 the best time for your training, this will help us pair you up with an available trainer.

Saturdays Sundays Weekdays Evenings circle as applicable.

Give details of previous advanced riding experience (if any) and 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 enclose a cheque payable to RoSPA Advanced Motorcyclists WM for £ and a **photocopy of my driving licence and the signed disclaimer.**

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 & Information Books T-shirt voucher



RoSPA Advanced Motorcyclists

West Midlands Advanced Motorcycle Group

Disclaimer to be signed by a Group Member when participating in Group events or ride outs and/or requesting 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 trainer/tutor of the RoSPA West Midlands Advanced Motorcyclists group and/or participating in Group events or ride outs:-

- a) I am in sole charge of my motorcycle,
- b) I am responsible for my own actions whilst riding it,
- c) I confirm that my motorcycle is correctly insured, that I have a valid driving licence
- d) I confirm that, if appropriate, I have a current 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 _____

Date _____

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.