



Cycling Club Application Form

(Please complete in Block Letters)

Personal Details			
Name <i>(in full)</i>			
Address			
Post Code			
Home Tel. No.		Mobile Tel. No.	
Date of Birth	/	/	Email Address

Cycling Details			
No. of years cycled		Brand of Bikes	
Emergency Contact		Emergency Contact Name	
How did you hear about Dynamic Rides?			

Membership Information			
Membership No.		Date of Membership	
Date of Expiry		DR Loyalty Member	<input type="checkbox"/> YES <input type="checkbox"/> NO

Signature <i>(Applicant)</i>		Date	
Signature <i>(Staff Member)</i>		Date	

By signing this form you the applicant declare to ride at your own risk and Dynamic Rides takes no responsibility for any damage to you or your property. We ask that your ride safely and adhere to the laws of the road.