**WEST CUMBRIA MX CLUB**

**MEMBERSHIP APPLICATION 2020**

# MEMBERSHIP

SINGLE £20

FAMILY £25 (MAX 3 MEMBERS)

## CHEQUES MADE PAYABLE TO **WEST CUMBRIA MX CLUB** POST TO WEST CUMBRIA MX CLUB, DEAN CROSS, LAMPLUGH, WORKINGTON CUMBRIA CA14 4RH

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| --- | --- | --- | --- |
|  | **MEMBER 1** | **MEMBER 2** | **MEMBER 3** |
| NAME |  |  |  |
| DATE OF BIRTH |  |  |  |
| ADDRESS |  |  |  |
| POST CODE |  |  |  |
| LANDLINE |  |  |  |
| MOBILE |  |  |  |
| EMAIL |  |  |  |
| CLASS |  |  |  |
| RIDING NUMBER |  |  |  |
| ACU LICENCE NO. |  |  |  |

I/We wish to enrol as a member of the club and agree to abide by the constitution and rules of West Cumbria MX Club & Dean Moor MX Park. I understand that attendance at these events is done entirely at my own risk. The organisers and any person having connection with these events including Landowners are absolved from all liability, fatal or otherwise. howsoever caused.

Member 1 Member 2 Member 3

SIGNATURE OF MEMBER

NAME OF PARENT/LEGAL GUADIAN

SIGNATURE OF PARENT/LEGAL GUARDIAN