



Membership Application Form

Please complete in block capitals

Name _____ Mr/Mrs/Miss

Address _____

Telephone: _____ Mobile: _____

E-Mail: _____

I agree that these contact details may be circulated to Members of Mapperley CC
(This information will not be released to anybody outside of the Club Membership)

Date of Birth _____ Age _____ years

I hereby request to continue as / become a Full / Junior / Social Member of the
Mapperley Cycling Club. (Delete as applicable)

Please note that membership is not automatic, all applications have to be ratified by
the Club Committee

Applicants Signature _____

Proposed by _____

Seconded by _____

Name of Previous Club (if any) _____

Amount paid £ _____ Date _____

Received by _____ Treasurer