

Shipston Spokes Cycling Club
Membership Registration



Full Name	
Email Address	
Contact Telephone Number	
Address	
Reason for Joining <i>(to help us make sure you get the most from your membership)</i>	
ICE – Emergency Contact Details	
Emergency Contact Name	
Emergency Contact Number	
ICE entry in your phone?	See link for background information https://en.wikipedia.org/wiki/In_Case_of_Emergency
Please detail any important disability / medical condition which the Club should be aware of (e.g. Asthma, Diabetes, Epilepsy)	

I wish to apply for membership of Shipston Spokes Cycling Club.

Signature:

Date: