



## Team Cambridge Membership Application Form 2019

By signing this form, you agree, to abide by the rules of Team Cambridge; the regulations of the affiliated cycling bodies; for your contact details to be shared with other Team Cambridge members as indicated below.



Forename	Surname	Date of birth*	Membership 1st/2nd /Assoc.	Email Address**	Tick to share ***	Signature**

\* A parental consent form must be filled out for under 18's before they are able to race in Time Trials – see website.

\*\* If you want to be included in information relating to club activities please provide an email address.

\*\*\* Tick this box if you are happy for your contact details (name, address, email, telephone) to be included in a club membership list.

You can withdraw your consent at any time should you change your mind by contacting the Membership Secretary. More information about the Club's Privacy Statement can be found on the club website.

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_ Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** Joining Team Cambridge will not provide insurance cover for your general riding. It is strongly recommended that you join British Cycling or Cycling UK both of which provide third party insurance cover.

### 2019 Subscription Rates

Type	Cost	Quantity	Total cost
Life Member	No charge		
1st Claim (1)	£20.00		
U18 1st Claim (1)	£7.50		
2nd Claim (1)	£12.00		
U18 2nd Claim (1)	£5.00		
Associate	£1.00		
Total (Payable to Team Cambridge)			£

(1) There is a levy for individual Club time trial events, chargeable for both first claim and second claim members. This is equal to the levy set by the CTT (see website for details).

Please send the completed form to:

Sue Clarke, 4 Gunnell Close, Milton, Cambridge, CB24 6ZB

Email: [membership@team-cambridge.co.uk](mailto:membership@team-cambridge.co.uk) Phone: (01223) 440111