



SingletrAction

Volunteer Mountain Bike Trail Builders

Membership Form

BEFORE COMPLETING THIS FORM, PLEASE READ THE FOLLOWING:

Only persons aged 17 years and over can apply for membership. Under 17s can attend club activities only under the supervision of a current club member, either as a guest or as part of a family membership.

I understand that by joining SingletrAction, I and any other family members stated on the membership form;

agree that the details provided on this form will be stored on a computer database for the purpose of monitoring membership and communicating club information.

understand that neither the club nor any of its officials can be held liable for any injury, loss or damage to persons or property whilst undertaking any activity associated with the SingletrAction Club. Members are responsible for their own actions.

are happy to have our details passed onto the Forestry Commission should I/we wish to receive a Dalby Pass. Conditions apply to be eligible for these passes, principally that as a paid up member you have completed two (2) official work ("dig") days within a twelve (12) month period and will continue to volunteer in some way. These passes can be requested from your Head of Trail Design who will confirm your attendance at the required dig days.

will ensure that the club will be made aware of any applicable medical conditions that may effect me whilst on a club activity. I will provide details of a person to contact in case of emergency.

Fees:

The fee is annual and membership is valid from the date of joining (payment received) for one year. Membership for the principal member is £15. For each additional family member the fee is £7 per person. **Please make cheques payable to SingletrAction**

Contact:

Please be aware that we prefer to contact people regarding SingletrAction via email to reduce costs. Please let us know if you change email address so that we can update our records. Information is also posted on the website.

I HAVE READ, UNDERSTOOD AND ACCEPT THE ABOVE TERMS AND CONDITIONS (please tick)

Please complete in BLOCK CAPITALS

PRINCIPAL MEMBER NAME: _____

DATE OF BIRTH: _____

ADDITIONAL FAMILY MEMBER NAME: _____

ADDITIONAL FAMILY MEMBER NAME: _____

ADDITIONAL FAMILY MEMBER NAME: _____

ADDITIONAL FAMILY MEMBER NAME: _____

ADDRESS: _____

POSTCODE: _____

EMAIL ADDRESS: _____

CONTACT TELEPHONE NUMBER: _____

NEXT OF KIN CONTACT (in case of emergency): _____

T-SHIRTS (£10 each):

SMALL MEDIUM LARGE X-LARGE

ADDITIONAL DONATION:

TOTAL AMOUNT: £ _____

SIGNED: _____ **DATE:** _____

PLEASE SEND COMPLETED FORM TO:

Libby Smith, Treasurer - SingletrAction, 2 Jacana Way, Bradford, West Yorkshire, BD6 3XW

Please make cheques payable to SingletrAction