

# Borders Motocross Club

## CLUB MEMBERSHIP FORM 2008

<b>MEMBERSHIP APPLIED FOR (please delete as appropriate)</b>		
SINGLE £15	FAMILY £20 (MAXIMUM 3 RIDERS)	
NAME(s)	DOB	
	DOB	
	DOB	
ADDRESS		
PHONE NUMBER:		
EMAIL ADDRESS		
LICENCE NO:		
LICENCE CHECKED BY:		
<b>BIKE DETAILS</b> (please indicate which bike pertains to each rider)		
MAKE	MAKE	MAKE
CLASS	CLASS	CLASS
RACE NUMBER	RACE NUMBER	RACE NUMBER
RELEVANT MEDICAL INFORMATION (please continue on a separate sheet if necessary)		

**Club Rules:**

It is a condition of membership to Borders MXC that you agree to abide by the rules of the club. Failure to do so may result in your membership being terminated, and priveledges and points being withheld.

***Please tick here to show you agree to abide by the rules of the club.***

**Please send completed forms along with membership fee to:- Competition Secretary, Sharne Queen, 9 Avon Crescent, Glassford, Strathaven. ML10 6TP**

**If you require a Competition Licence, tick here  and include an SAE.**  
*Or contact the SACU, 28 West Main St, Uphall. EH52 5DW Tel: 01506 855792*

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**OFFICIAL USE**

DATE JOINED.....FEE PAID.....

CLUB OFFICIAL RECEIVING PAYMENT.....