



**BRO CADER MOTORCYCLE CLUB
2024 CLUB MEMBERSHIP FORM**

SURNAME.....FIRST NAME.....
ADDRESS.....
.....POST CODE.....
TELEPHONE NUMBER.....

IN THE INTEREST OF YOUR HEALTH AND SAFETY PLEASE STATE IF YOU HAVE A
MEDICAL CONDITION THAT WE SHOULD BE AWARE OF:
.....

DATE OF BIRTH IF UNDER 18.....

PARENTS SIGNATURE IF UNDER 18.....

MEMBERSHIP SIGNATURE.....

PLEASE CIRCLE ANY OF THE FOLLOWING WHICH YOU ARE INTERESTED IN

RIDING OBSERVING SETTING UP OF EVENTS

THE CLUB WOULD WELCOME ANY COMMENT THAT YOU MAY HAVE REGARDING THE
WAY IN WHICH THE CLUB IS RUN IN ORDER TO MAKE IMPROVEMENT

.....
.....

PLEASE RETURN WITH FEE TO CLUB SECRETARY.

(Single free Family Membership free)

ALL CHEQUES TO BE MADE PAYABLE TO BRO CADER M C C.

CLUB SECRETARY; COLIN HUGHES,
72 MANOD ROAD,
BLAENAU FFESTINIOG,
GWYNEDD. LL41 4AF

CLUB USE ONLY

MEMBERSHIP NO JOINING DATE.....

POSITION HELD (IF ANY)