



## BRO CADER MOTORCYCLE CLUB 2021 CLUB MEMBERSHIP FORM

ADDRESS		T NAME
		POST CODE
MEDICAL CONDITION T	HAT WE SHOULD I	SAFETY PLEASE STATE IF YOU HAVE A BE AWARE OF:
DATE OF BIRTH IF UNDE	ER 18	
PARENTS SIGNATURE IF	UNDER 18	
MEMBERSHIP SIGNATUI	RE	
PLEASE CIRCLE ANY OF	THE FOLLOWING	WHICH YOU ARE INTERESTED IN
RIDING	OBSERVING	SETTING UP OF EVENTS
WAY IN WHICH THE CLUB	IS RUN IN ORDER T	
PLEASE RETURN WI' (Single =£5) (I ALL CHEQUES TO BE	TH FEE TO CLUB SE Family Membership £1	0) D BRO CADER M C C.  D, STINIOG,
		G DATE