



KSMXC Membership Application 2012

ACU Affiliated www.ksmxc.co.uk

Riders Name.....

Address.....

.....Post Code.....

Age.....D.O.B..... Email Address.....

Please provide your email address if you wish to receive club information

Telephone No..... Mobile.....

Riding Group.....Bike.....CC.....

Preferred Riding Number: 1st Choice..... 2nd Choice..... (1 or 2 DIGITS ONLY)

DECLARATION

**I and my son / daughter agree to be bound by the rules and regulations of KSMXC and the ACU
I understand that I am responsible for the conduct of any person(s) that accompany me to any
meeting / gathering held by KSMXC**

**At each meeting I agree to provide one accompanying adult as a track marshal or race official
who may / may not be required on the day**

Riders Signature..... (Over 18 Only)

Parent / Guardian Signature..... (For under 18)

Parent / Guardian Full Name..... (Please Print)

Date.....

Membership Fee: £25.00 for up to 2 related riders living at the same address plus
£5.00 for each additional related rider (at the same address) thereafter

Please check you have enclosed the following:

1. Completed application form
2. Cheque / postal order payable to KSMXC with name & address on reverse
3. One passport size photograph (For new members)
4. One stamped self addressed envelope for return of your membership card
5. Copy of birth certificate (Schoolboy Group & under) if you are a new member

Return to: Annie Lewis 45 Danes Way Leighton Buzzard LU7 3NH ☎07504 925 107

If you are unable to abide by the rules and regulations set by KSMXC and the ACU please
do not apply for membership. R & R's are for your safety and others

Admin Only:

Date Received:

Date Returned:

Code #

ACU Lic #