



2010



2010 KSMXC Membership application
[affiliated to the ACU]

Riders Name

Address

.....

Post Code

Age D.O.B.

Mobile contact telephone number. (For information and race meeting update purposes)

Riding Group Bike CC

Preferred Riding Number 1st Choice 2nd Choice

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 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. By filling in the above mobile contact number I consent to the club contacting me regarding upcoming race meetings and cancelling of events. (this number will 100% not be shared with any other organisation!)

Riders Signature.
(Over 18)

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

Parent / Guardian Full Name.
(Please Print)

Date.

2010 Membership Fee:

£25.00 for up to 2 riders living at the same address - £5.00 for each additional rider there after.

Please check you have enclosed the following before returning:

- 1. Completed application form.
2. Cheque / postal order payable to KSMXC with name & address on reverse.
3. One passport size photograph.
4. Two stamped self addressed envelopes for any correspondence throughout the year.
5. Copy of birth certificate (125 & under) if you are a new member.

Return forms to:- KSMXC Membership Secretary -Annie Lewis
45 Danes Way. Leighton Buzzard. LU7 3NH
0750 4925 107
www.ksmxc.co.uk