

THE MAYFLOWER MOTOR CYCLE CLUB

APPLICATION FOR MEMBERSHIP

Date: _____

Type of Membership: **Full** **Joint/Associate** (must be in same household as a full member)
 Renewal (name and changed details only) Member No. _____

1 st Sponsor		2 nd Sponsor	
Forename		Last Name	
Address			
City		County	
Postcode		Country (if not UK)	
DOB		Home Phone	
Work Phone		Mobile	
Email		Facebook Name (optional)	
Make of Motorcycle	Model	Year	
Make of Motorcycle	Model	Year	

I am a member of BMF MAG. I would like to receive the Pilgrims' Papers by post email.

I hereby apply for membership (renewal) in the Mayflower MCC and enclose the appropriate amount in respect of this application (see below). I/We agree to abide by the rules of the Mayflower MCC, which I/we have read and understood.

Signed _____

Fees: £19.50 for full membership. £6.00 for a joint or associate membership. **Cash** payment can be made to any committee member. Send form, **cheques** payable to Mayflower Motorcycle Club and an SAE to Treasurer, Mayflower MCC, 13 Langton Avenue, Chelmsford, Essex, CM1 2BW. If paying by **Standing Order**, complete and send the **bottom section of this form to your bank** and send the top section and an SAE to the Treasurer.

Mayflower MCC needs to keep certain information on its members to carry out its day to day operations, to meet its objectives and to comply with legal obligations. Mayflower MCC is committed to ensuring any personal data will be dealt with in line with the Data Protection Act 1998. To comply with the law, personal information will be collected and used fairly, stored safely and not disclosed to any other person unlawfully.

STANDING ORDER MADATE	
Please complete this form in BLOCK LETTERS .	
To: Bank name	
Branch address	
Please pay to: TSB Bank PLC, 88/89 High Street, Chelmsford, CM1 1DX	
Sort code No. 77-13-04	Account No. 79302860
Account Name: Mayflower Motorcycle Club	
The sum of £ ____.	
In words:	
Date of first payment: And make similar payments yearly on the 1 st October until cancelled in writing.	
Charge such payments to Account Name	
Account Number:	Sort Code:
Signed:	Date: