THE MAYFLOWER MOTOR CYCLE CLUB
APPLICATION FOR MEMBERSHIP/RENEWAL

Membership No.

First Name ……

Second Name ……
(Joint/Associate)
Address ……

……

……

Postcode ……

Home phone ……

Work (1)……

Mobile (1)……

Email (1) ……

Work (2)……

Mobile (2)……

Email (2) ……

I hereby apply to become a member/renew my membership of the above club and enclose the appropriate amount in respect of this application. I agree to abide by the rules of the club, which I have read and understood.

Signed
……

New Application Sponsors:

1……

2……

I/we would like to receive Pilgrims Papers by **POST** / **EMAIL** *delete as appropriate*

Motorcycles owned: …… …… ……

Date of birth (1) : …… Date of birth (2):……Emergency Contact ……

I am/We are individual members of BMF and/or MAG (*delete as appropriate*) Under GDPR we are required to inform you that this information will be on computer file and will be used to communicate with you. For full GDPR notice, please see website

PAYMENT: If paying by **card,** use online shop or email for details, send the **whole form** to the club. If paying by **online bank transfer**, use the bank details from the mandate below, quoting ref. **MF01** and send the **whole form** to the club, with SAE. If paying by **Standing Order**, send the top half of the form to the club, with SAE and complete and send the **bottom section to your bank or set up online**.
Membership Secretary, 13 Langton Avenue, Chelmsford, Essex. CM1 2BW

FEES Full Membership: £ 22.50 Joint/Associate Membership: £30.00	I am/we are paying by card/standing order/online bank transfer/Cheque/Cash (*delete as appropriate*)

STANDING ORDER MANDATE

Please complete this form in **block capitals**	
TO: (Bank Name)	
…… Branch/address	
Please pay to: ***NatWest, 4-5 High Street, Chelmsford. CM1 1FZ***	
Sort code No.***60-05-13***	Account No. ***17687055***
Account Name ***Mayflower Motorcycle Club***	
The sum of £ 22.50 (Twenty-two Pounds 50 pence) £ 30.00 (Thirty Pounds)	Single/Full *** Joint/associate ****** delete as appropriate***
On (date of first payment)	
And make similar payments yearly on the 1st October or until cancelled in writing	
Charging such payments to my/our* account……..(Account Name) Account Number…… Sort Code	
Signed…… Date ……	