

THE MAYFLOWER MOTOR CYCLE CLUB

APPLICATION FOR MEMBERSHIP/RENEWAL

Membership No.

First Name

Home phone

Second Name
(Joint/Associate)

Work (1).....

Address

Mobile (1).....

Email (1)

Work (2).....

Mobile (2).....

Email (2)

Postcode

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

New Application Sponsors:

1.....

2.....

Signed

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 **cheque** (made payable to Mayflower MCC), 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
 If paying by **Standing Order**, send the top half of the form to the club and complete and send the **bottom section to your bank**.
Forms should be sent to Membership Secretary, 13 Langton Avenue, Chelmsford, Essex. CM1 2BW, with SAE.

FEES Full Membership: £21.00
 Joint/Associate Membership: £28.50

I am/we are paying by cheque/standing order/online bank transfer (*delete as appropriate*)

STANDING ORDER MANDATE

Please complete this form in **block capitals**

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 £ 21.00 (Twenty-one Pounds) Single/Full *
 £ 28.50 (Twenty-eight Pounds 50 pence) 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