



**Welcome to Walsall Area Cycling – we hope you enjoy riding with us**

<b>Family Name</b>	
<b>First Name</b>	
<b>Address</b>	
<b>Home phone number</b>	
<b>Mobile Number</b>	
<b>email</b>	

**Just in case you have an accident when riding with us, please can you give us an emergency contact, which will be passed on to ride leaders only and only be used if you have an accident and are unable to phone for yourself:**

<b>Contact's name</b>	
<b>Relationship to you</b>	
<b>Phone number</b>	

**Data Protection: I agree to receive emails from Walsall Area Cycling, regarding club business and events. My email address will not be passed on to a third party.**

**Signed**

**Date**

**Please hand this form to your ride leader with the £2.00 annual membership fee (due 1<sup>st</sup> January each year).**