



Boston Wheelers Cycling Club

www.bostonwheelerscc.org.uk

Club membership application form

We are very pleased to welcome you to **Boston Wheelers Cycling Club**. To ensure we have the correct contact details for you, please fill out this form, we will also use the information you provide here to ensure that you are kept informed about club events. If you have any questions regarding completion of this form, please contact the **Club Chairman, Ken Syrett** on **07507 291912**.

Whilst it is not compulsory, we also ask that the diversity and equality section of the form is completed in order to help the club monitor the needs of its membership.

Once complete, please return this form to the **Membership Secretary**, at the address below.

Name

Address

.....

..... Postcode

Home telephone

Mobile

email

Date of Birth

Preferred method of communication (tick one) telephone text email

Medical information

Please detail below any important medical information that the Club should be aware of (e.g. epilepsy, asthma, diabetes etc.)

.....

Emergency contact details

Please insert the information below to indicate the person(s) who should be contacted in event of an incident/accident.

Contact name (e.g. spouse/parent) Telephone

By returning this completed form, I agree to abide by the Clubs codes of conduct (a copy of these are available on request.

Boston Wheelers Cycling Club reserve the right to refuse membership.

I give permission for the Club to contact me from time to time to give with information and activities that may be of interest to me.

Print name

Signature Date

Once complete, please return this form to:

**The Membership Secretary, 34 Woodside, Boston, Lincolnshire PE21 7HE
or email membership@bostonwheelerscc.org.uk**



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Equal Opportunities and Diversity Monitoring

To assist us with effectively monitoring equality and diversity, please complete this monitoring form. The monitoring form will be treated confidentially with no reference to individual names.

Ethnicity

A. White

British

Irish

Any other white background (please specify)

.....

B. Mixed

White & Black Caribbean

White & Asian

White & Black African

Any other mixed background (please specify)

.....

C. Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background (please specify)

.....

D. Black or Black British

Caribbean

African

Any other Black background (please specify)

.....

E. Chinese or other ethnic group

Chinese

Any other (please specify)

.....

Disability

The Disability Discrimination Act 1995 defines a disabled person as anyone with 'a physical or mental impairment, which has a substantial long-term adverse effect on his or her ability to carry out normal day-to-day activities'.

Do you consider yourself to have a disability? Yes No

If yes, what is the nature of your disability?

.....

Please detail below any important medical information that the Club should be aware of:

Visual impairment

Hearing impairment

Physical disability

Learning disability

Multiple disabilities

Other (please specify)

.....

Sporting information

Have you Cycled before?

Yes No

If yes, where have you cycled (please indicate below)

Another club

Recreational

Local authority session(s)

Club

County

Other (please specify)

.....

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