

Membership Application Form

RoSPA Gold - the highest riding qualification a UK civilian rider can attain



Please complete and return to the secretary:

Jane McNeill
8 Charter Approach
Warwick
Warwickshire
CV34 6AE

I wish to become a **full/associate** (delete as applicable) member of RoSPA Advanced Motorcyclists Coventry.
(To be eligible for Full Membership you must have already passed the RoSPA Advanced Test).

Name..... Home Telephone.....
Address..... Mobile.....
..... Work Telephone.....
.....
PostCode..... Occupation.....
Email..... D.O.B.....

Please indicate the times you Weekdays
are most likely to be available Saturday
for training. Sunday

ONLY TO BE USED IN AN EMERGENCY Name of Next of Kin: Contact Number:.....
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Date passed DSA test.....
Please give details of previous experience e.g. number of years riding plus any other advanced training:
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Motorcycle details:
Make..... Model..... CC.....

I enclose my cheque for **£45 Associate / £17 Full member** made payable to
RoSPA Advanced Motorcyclists Coventry.

Signature Date

I heard about the group from

Details will be stored on our files for group use only, and will not be passed on to any third party. They will only be used to produce mailing lists for the club newsletter or other information and administration purposes.

