

# Membership Application Form

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



Please complete and return to the secretary:

**Robert Ballinger**  
**8 Arden Close**  
**Wilmcote**  
**CV37 9WB**  
**Tel 07771 884614**  
**secretary@coventryadvancedriders.co.uk**

I wish to become an **Associate/Full Member** (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:.....

Date passed DSA test.....

Please give details of previous experience e.g. number of years riding plus any other advanced training:  
.....

Motorcycle details:

Make..... Model..... CC.....

## Membership Fee: £45 Associate / £30 Full member

Please either enclose a cheque made payable to **RoSPA Advanced Motorcyclists Coventry**, or if setup for online banking, add

**RoSPA Advanced Motorcyclists Coventry** as a Payee and pay via BACS using the account details shown. Please put your name as Payee Reference so we know who it is from.

Sort Code: 30-98-26  
Account Number: 02857163

Signature ..... Date .....

I heard about the group from .....

By submitting this form you are giving us consent to hold your personal data. This will be stored on our files for group use only and will be used to produce mailing lists for the club newsletter or other information and administration purposes within the club. Your personal data will be stored on our records for a period of two years and will not be passed on to any third party.