



MEMBERSHIP / RENEWAL APPLICATION

JANUARY – DECEMBER 2019

NAME (1) _____

NAME (2) _____

ADDRESS _____

_____ POST CODE: _____

Tel No: _____

Mobile: _____

Email: _____

If you **DO** want your mobile number and email address added to the Club's internal communications system, please tick the box.

If you **DO** want to receive information on club and motorcycling events please tick the box.

Individual @ £ 15.00 £ _____ **Joint @ £ 20.00** £ _____

Please make cheques payable to FOSSE RIDERS MCA
I / We agree to abide by the rules of the Association which are available on its website.

Signed: _____ Date: _____

CLUB CARD ISSUED: DETAILS ADDED:

Postal applications to: 7 Brickman Close, Leicester Forest East, Leicester LE3 3NJ

Fosse Riders Motorcycle Association Leicester



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