



Established 1929

Solihull Cycling Club

Application for Membership of Solihull Cycling Club

Surname:	First Name/s:
Address:	
Post Code:	Telephone: Mobile:

Email:	If you do not wish us to use your email address for club communications please indicate here.
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Date of Birth:

Membership Category (Tick which box is appropriate)	Annual Fee
New Membership Adult	£30
Social/under 18/Old Sols	£14 £19 if new
Family (at same address)	£37
Existing membership	£25
Lapsed membership Not paid by 28th FEB	£30, £19, £42
Tudor Grange Circuit Membership	£40
Direct Debit (sent before 1st Dec) Paid 1st Jan	

Family/couple's membership – please provide names and Dates of Birth

Name	D.O.B
Name	D.O.B
Name	D.O.B
Name	D.O.B
Name	D.O.B

Please detail overleaf any important personal disability / medical condition which the coaches/run leaders should be aware of (e.g. Asthma, Diabetes, Epilepsy)

As parent/guardian I give permission for my son/daughter to participate in all Solihull Cycling Club events.	
*Coached and Non-Coached riding	
*Over 13 can be unaccompanied	
*Please tick	
Signature:	Date:

I wish to apply for membership of Solihull Cycling Club and have read the club constitution with regards to insurance. Therefore, I will insure myself with 3 rd Party insurance. We recommend CTC, BC and LVRC.	
Signature:	Date:
My Insurance No:	

Payment is by cheque (payable to Solihull Cycling Club) or Direct Debit
 Completed forms should be sent to:-
 Pete James, Membership Secretary, 65 Hazelhurst Road, Kings Heath, B14 6AB

If you have any questions please email membership@solihullcc.org or call 01214443537



Instruction to your Bank or Building Society to pay by Direct Debit

Please fill in the whole form using a ballpoint pen and send it to:

Solihull Cycling Club
65 Hazelhurst Road
Kings Heath
Birmingham
B14 6AB

Service User Number

2	7	5	0	3	2
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Name(s) of Account Holder(s)

Bank or Building Society account number

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Branch Sort Code

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Name and full postal address of your Bank or Building Society

To The Manager:

_____ Bank/Building Society

Address: _____

_____ Postcode _____

Reference Number

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Dear Customer: Please Complete Below for Our Records

Name: _____

Address: _____

Postcode: _____

Tel: _____

Email: _____

Instruction to your Bank or Building Society

Please pay FastPay Ltd Re **Solihull Cycling Club** Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee.

I understand that this instruction may remain with FastPay Ltd Re **Solihull Cycling Club** and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)

Date

Banks and Building Societies may not accept Direct Debit instructions for some types of account.

This Guarantee should be detached and retained by the payer.

The Direct Debit Guarantee



- ❖ This Guarantee is offered by all Banks and Building Societies that accept instructions to pay Direct Debits.
- ❖ If there are any changes to the amount, date or frequency of your Direct Debit, FastPay Ltd re **Solihull Cycling Club** will notify you five working days in advance of your account being debited or as otherwise agreed. If you request FastPay Ltd re **Solihull Cycling Club** to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- ❖ If an error is made in the payment of your Direct Debit by FastPay Ltd Re **Solihull Cycling Club** or your Bank or Building Society, you are entitled to a full and immediate refund of the amount paid from your bank or building society.
— If you receive a refund you are not entitled to, you must pay it back when FastPay Ltd re **Solihull Cycling Club** asks you to.
- ❖ You can cancel a Direct Debit at any time by simply contacting your Bank or Building Society. Written confirmation may be required. Please also notify us.