

MEMBERSHIP

APPLICATION FORM

Name: _____

Address: _____

Post Code: _____

Home Tel: _____

Work Tel: _____

Mobile Tel: _____

E-mail: _____

Name of Associate: _____

Associate -mail: _____

*We meet at 7.30pm
on the **LAST TUESDAY**
of the month at
THE JOHN GILBERT,
Worsley Brow,
Worsley, Manchester
M28 2YA.*

I enclose cheque payable to 'RAINY CITY' for

£

Full Member £25 p.a. Associate Member £15 p.a.

- 1 I hereby consent that Rainy City Harley-Davidson Club Committee can contact me via e-mail, text and mail for the purpose of renewing my membership and contacting me regarding Events, Activities and other club business.
- 2 The correspondence address is Suite A1, Warrington Business Park, Long Lane, Warrington WA2 8TX. and should be used for all communications.
- 3 Associate membership is open to a person who wishes to participate in the club in association with a full member of the club.
- 4 This form covers membership for the period 1st October - 30th September.
- 5 Rainy City HDC shall NOT be liable or responsible for damage to property or any injury to persons during any club activities, except where the damage or injury is caused by their negligence (except willful negligence).
- 6 All club members participate in activities at their own risk.



SCAN ME

Payment by bank transfer to RAINY CITY, Sort Code: 01-09-17,

*Account No: 58543201 and also email malhyslop@btconnect.com with the details requested on this Membership Form. **OR**, send this form with a cheque to:*

RAINY CITY HDC

23 Fullerton Road, Hartford, Northwich, Cheshire CW8 1SR