

# Buckden Wheelers - Membership Application



## Personal Details

Name:

Address:

Tel No:

Email:

Make & Model of Bike:

## Level of cycling proficiency:

I have an exercise bike

I have a safety helmet

I have some Lycra shorts

I am Gordon Kilvington

## Preferred Day:

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Other

Other relevant information:

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## Office Use Only:

Application reviewed by Committee:

Reason for rejection (if applicable)

Membership Number