

Falmouth Wheelers Membership Form

Name:

Address:

Tel:

Email:

Next of Kin:

Relationship to you:

Contact details:

Cycling insurance provider:

Medical Alerts/Health conditions including allergies:

Any other information we may need to know in an emergency?

I agree to my information being held by Falmouth Wheelers in line with their Data Protection Policy. I am aware that I can withdraw my consent at any time.

Signature

Date