



Group Membership Form (Please note this is a Rider Group only)

| | | | |
|-------------------|---|----------|--|
| Name | | | |
| Date of Birth | | | |
| Address | | | |
| City/Town/Village | | | |
| Post Code | | | |
| Tel | | Mobile | |
| Email | | | |
| Membership | £25.00 (New) & £20.00 (Renewal) - Delete As Appropriate | Attached | |
| | Advanced RIDER Training | | |

I wish to become a Full Member of RoSPA Advanced Riders & Drivers North Cumbria & South West Scotland (Riders). (Affiliated to - RoSPA Advanced Drivers and Riders)
 I understand that subscriptions are paid on a rolling 12 month period after joining.
 Subscriptions shall be paid within 14 days or membership will lapse.
 I enclose cheque/cash* or have paid by electronic banking* for my annual subscription.
 I understand that my membership record may be held on computer but that it will be used only for administration and in accordance with the General Data Protection Regulations 2018.
 (*Delete Accordingly)

| | | | |
|-------------------------------------|----------|---------------------------------|----------|
| Cheques/E-Banking / BACS payable to | | Reivers Advanced (RoSPA) | |
| Sort Code | 09-01-29 | Account Number | 26570851 |
| Authorised By | | | |
| Name | | | |
| Date | | | |
| Membership Number | | | |

| I.C.E. Details (In Case of Emergency) | |
|---------------------------------------|--|
| Next of Kin | |
| Contact Number/s | |

Please read the following Declaration carefully. If you do NOT hold all of the required valid documentation then you are not eligible to ride with a RoSPA Advanced Drivers and Riders Group.

DECLARATION I confirm that I hold a valid current driving licence and that I have appropriate insurance for any vehicles used for tuition, either personally or via my employer, and that those vehicles, if appropriate, have valid MOT and tax. I also confirm that these will be in place throughout the duration of my RoSPA Advanced Rider tuition.

I confirm that I am fit to ride and not under the influence of any drug (including prescribed medication that may adversely affect my fitness to ride). I will wear corrective eyewear while riding if my eyesight requires it. I am aware that I am responsible for all riding decisions. I will make my Tutor aware if I become distracted / unwell. I agree that any advice or direction given will require my diligence to be applied safely. If I have any doubt I will ask for clarification before following the advice or direction.

SIGNED :

DATE :

Return form to: Jonathan Coupland (Membership Secretary), 2 Woodlands Ave, Lochmaben, Dumfries & Galloway DG11 1UB

Alternatively Scan & Email it to: membership@reivers-advanced.org