



## 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		<b>Reivers Advanced (RoSPA)</b>	
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 and Reivers-Advanced Group Membership.

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 Form to: [membership@reivers-advanced.org](mailto:membership@reivers-advanced.org)