



Morecambe Bay Estuaries Advanced Motorcyclists

Group No: 5252
Registered Charity: 1109776



MEMBERSHIP APPLICATION FORM

Surname Mr/Mrs/Miss/Ms/Other.....

Forenames

Name by which you wished to be called.....

Date of Birth.....Occupation:

Address

.....

.....

..... Post Code.....

Telephone nos:

(Home).....(Office).....(Mobile).....

E-mail Address:

IAM Membership Number (if known).....

Are you an Observer? Yes/No If 'No', would you like more information on becoming an Observer? Yes/No

If your spouse/partner is also applying for MBEAM membership what is their name?

I, being a fully paid up member of the IAM, or having submitted an IAM "Skill for Life" Enrolment Form, hereby apply for membership of the Morecambe Bay Estuaries Advanced Motorcyclists group on payment of an annual Membership Fee of £12⁽¹⁾.

Signed Date

Note: Associate Membership applicants (i.e. those who have not yet passed their advanced test) must also complete the questions and sign the additional declaration overleaf.

I understand that I am deemed to be in control of my vehicle at all times during all group activities.
I have read the Data Protection Notice overleaf.

**Please return the form by email to membership@mbeam.org.uk.
Or telephone 0844 5867971 to obtain a postal address.**

1. Annual subscriptions are £12 and paid 22 April. The preferred method of payment is by Standing Order.

Full Members: Those joining part way into a year pay a pro-rata fee of £1/month until the following April.

Associate Members: Those who have purchased a Skill for Life package have their membership of MBEAM paid for until 22 April of the following year, when the annual subscription will become due whether or not they have passed their advanced test.

ASSOCIATE MEMBER QUESTIONS

Type of motorcycle(s) currently owned/used:.....

Brief Riding History (e.g. years riding, bikes owned, etc)

Any relevant information/special needs [e.g. medical]

Availability for observed sessions: (*please tick*)

Any Weekday Saturday Sunday Any day Other (*please specify*).....

.....

Where did you hear about us?.....

I Confirm that I hold a full, current and valid Driving Licence in the name shown on this application form; that the licence entitles me to drive the vehicle(s) which I wish to use to undertake Observed Runs and the IAM Advanced Test and that I have a current and valid Certificate of Insurance for my vehicle(s) and, where appropriate, an MOT Test Certificate. I also confirm that my eyesight, with spectacles or contact lenses if necessary, is within the lawful requirement.

Signed Date

Data Protection Act 1998

The Group holds membership records on computer. Therefore if you do not wish the Group to hold your personal data on computer, please notify the Group Secretary in writing. Your records will then be held on paper.

FOR OFFICE USE ONLY

Group Membership No:..... Gift Aid Yes/No Observer:.....