



LEOMINSTER CLASSIC MOTORCYCLE CLUB



MEMBERSHIP APPLICATION FORM. (Please type or write clearly).

Annual Subs: single member £15; additional family member at same address £5 each

Name _____

Contact Tel landline _____ mobile _____

Address _____

Town _____ Postcode _____

County _____

Email addr _____

I am a Renewing member ☐ New member ☐

I will get my Club Newsletter by
Download ☐ (free) Post ☐ (£10)

Notifications (you can opt out at any time by clicking the link on any notification)
Opt in ☐ YES, I want to receive reminders of club activity via email
Opt out ☐ NO, I don't want to receive reminders of club activity via email

Add family members

ie spouses, partners, children etc residing at the same address as the Full Member.

Family member 1 _____
Family member 2 _____
Family member 3 _____

Full Membership @ £15 £15.00
Additional family memberships @ £5 each
Newsletter postage & packing £10 _____
Total subscription _____

Payment

I am paying by Cheque ☐ BACS ☐ your reference: _____

Please make cheques payable to:
Leominster Classic Motorcycle Club

Bank transfer to
Leominster Classic Motorcycle Club
sort code 77-69-50
account no 01604168

Please return completed & signed forms with any payment to:

LCMCC Membership, 1 Medoc Close, Cheltenham GL50 4SW
Or email it to Phil Hingert: memseclmcc@outlook.com

General Data Protection Regulation: We collect your personal information so that we can send you printed and/or electronic material about the club. Completing this form means you have given permission for your details to be used in this way only. It will in all other respects remain confidential. The right of erasure of personal data can be requested at any time

Signature _____ Date _____

(By signing this form you agree to your personal details being included in the membership list and to abide by the Club Rules (available on request or view on the club website www.lcmcc.uk).