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|  | Shropshire & Powys Advanced Riders |

# Membership Application Form

## Applicant Information

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| Date of Application: | |  | | |  | |
| Name & Title: |  | | | | |
| D.O.B. |  | | | | |
| Address: |  | | | | |
| Street |  | | | | |
| Area |  | | | | |
| Town |  | | | | |
| County |  | | | | |
| Postcode |  | | | | |
| Phone: |  | | Email |  | |

## Contact Details

|  |  |  |  |
| --- | --- | --- | --- |
| Mobile No: |  | Landline: |  |
| Email 1: |  | | |
| Email 2: |  | | |

## Riding History

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| --- | --- | --- |
| Licence expiry date: |  |  |
| Brief riding experience: |  | |
|  |
|  |
| RoSPA Number: |  | |
| Current bike details: |  | |

## Membership Prices

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please select the type of membership that you require:** | | | | | | | | |
| Associate @ £50.00: |  | Full @ £20.00: |  | Pillion @ £7.50 |  | Books @ £20.00: | |  |
| Total amount due from above: | |  | |  | | | | |
| Are you using a gift Voucher as part or full payment? Yes/No - If Yes, please state the value: | | | | | | |  | |
| If you register a pillion passenger please provide their name, address and DOB in the Comments section at the end of the form. | | | | | | | | |

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| **General Information** |

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| When are you available for tutoring? |  |
| Hi Viz size? (Chest size over riding jacket) |  |
| How did you hear about SaPAR? |  |

**General Information**

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| **Almost there** |

|  |  |  |  |
| --- | --- | --- | --- |
| I have read and agree to the terms and conditions: Yes/No | | |  |
| I have authorized GoCardless to pay my Direct Debit payments: | | |  |
| I agree to being contacted by SaPAR: Yes/No | |
| Comments? |  | | |

We require you to set up a Direct Debit with ‘Go Cardless’ to manage your initial joining fee and or subsequent annual fees.

You can use the yellow button on the application page of our website – <https://www.saparweb.com/application-form/>

Your membership will not be processed until payment has been confirmed.