

DORSET CYCLISTS' NETWORK

Application for membership

One subscription covers all cyclists in the same household
I / we would like to support the DCN campaign for a cycle-friendly Dorset

First name

Surname

Number of additional cyclists at the same address

Address

Postcode

Phone (home)

Phone (mobile)

E-mail

Please tell the membership secretary of any changes in your details

Subscriptions are payable **yearly on 1 October** for the following calendar year (Jan-Dec)

If you join before 1 October next, **your membership is free until then**

*Please **choose and tick** one of the following options*

1. Pay subscriptions by cheque and receive paper newsletters
Send this page with cheque for £8.00 payable to DCN to the address below
2. Pay subscriptions by cheque and download newsletters
Send this page with cheque for £7.00 payable to DCN to the address below
3. Pay subscriptions by standing order and receive paper newsletters
Send this page with the attached Standing Order form showing subscription as £7.00
4. Pay subscriptions by standing order and download newsletters
Send this form with the attached Standing Order form showing subscription as £6.00

If you have selected option 3 or 4, please complete page 2 and send with this page

Data Protection

I consent to all the information I have provided on this application form and on the attached standing order (if used) being recorded electronically or on paper, to be used solely for the purposes of the Dorset Cyclists' Network

Signed

Date

Please send your form(s) to
DCN Membership Secretary
12 Farm Lane, Christchurch BH23 4AH

Dorset Cyclists' Network
Standing Order mandate for your bank
(to be sent to the membership secretary with the application form)

To **Name of bank:**

Address

Town **Postcode**

Please pay from my account number

My account name

To Sort Code **08 92 99** Account no **65419047**

the sum of £ (POUNDS) starting on 1 October 20__

and a like sum on the same day each following year until further notice

This replaces any existing regular payment to Dorset Cyclists' Network

Please quote my **surname**

and my **DCN membership number**

(to be added by DCN before this is sent to your bank)

I have read and understood the Data Protection consent
on my application form

Signed

Date:

BLOCK CAPITALS

FULL NAME(s)

ADDRESS

Send this form with the application form to the address below
to be registered. We will forward it to your bank

DCN Membership Secretary
12 Farm Lane, Christchurch BH23 4AH