



## WHEEL EASY! MEMBERSHIP FORM

Please complete the Membership Form (page 1) and Guarantor Letter (page 2) and return them to the Membership Secretary.

Name				Last Name					M/	nder F		
Address				1							l .	
Town						Posto	ode					
Home phone						Mobi	le Phone					
Email address - Please print clea	arly											
Please mark th	ne follow	ing wit	h an 'X' v	vhere app	oropriate	:						
I would like to	know ho	w I can	help Sus	trans Ran	gers mai	ntain lo	cal cycle	paths	Yes		No	
I have Third Pa	I have Third Party liability insurance			My insurance is via:			CUK BC Other (p		(please	please state)		
I am aged 18 c	or over		Yes									
I would like to	be adde	d to the	Wheel E	asy closed	d Faceboo	ok grou	р	Yes		No		
If yes, my Face	hook Na											
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Wheel Easy Leisure Cycling Limited is affiliated to Cycling UK the UK's national cyclists' organisation, and we encourage members to join. Benefits include free £10m third party insurance, discounts on cycling products, cycle holidays, and more. For more information, visit:

www.cyclinguk.org www.wheel-easy.org.uk or email info@wheel-easy.org.uk

Wheel Easy Leisure Cycling Ltd is registered in England and Wales. Registered office: Sugden Wood House, York Road, Wetherby LS22 5EQ. Company number 10657637.





## Membership of Wheel Easy Leisure Cycling Ltd (the Company)

Wheel Easy Leisure Cycling Limited is a not-for-profit Company Limited by Guarantee. As such, it is owned by its Members, but there is no share issue. This has the specific benefit of limiting

-		£1 each. It is a condition of member pleting and returning the Guarantor	•
I, the undersigned, wish to app bound by the provisions of the		Member of the above Company and ies and Rules.	agree to be
_		up to a maximum amount of £1 if the for a period of up to 12 montless.	
<ul> <li>to pay the annual memand</li> </ul>	nbership fee levie	d in accordance with the Rules of th	e Company;
• to receive notice of ge	neral meetings by	v email.	
Subject to my application bein Register of Members.	g successful, I aut	chorise you to enter my name in the	Company's
Yours,			
	[Signature]		_ [Address]
	[Print name]		-
	[Date]		-

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