



UK Chasers & Riders MEMBERSHIP APPLICATION FORM

PLEASE WRITE CLEARLY IN BLOCK CAPITALS

Mr/Mrs/Miss First Name: _____ Surname: _____
(Please circle one)

Address: _____

PostCode: _____

Telephone No.: _____ Date _____

Email address (if you have one) _____

I would like to join UK Chasers & Riders as: (please tick relevant box)

MEMBER for 12 months £20

Family/Group MEMBER (3 plus at same address, each p.a.) £10

(For group membership please state number in group: _____ & all names required on cards below, plus d.o.b. if applicable)

Date of Birth for Junior Members (under 16) ____/____/____

I enclose a cheque made payable to UK Chasers Ltd for the sum of £ _____
OR Charge my Credit / Debit card:

CARD No.

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EXPIRY DATE

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VALID FROM DATE

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ISSUE No (Debit cards only):

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Cardholders Signature _____ Print Name _____

Please return this completed form together with the correct payment to:
UK Chasers Ltd, St Tinnivers, Beckley, Oxon. OX3 9UU

From time to time we make portions of our mailing list available to selected organisations, if you would prefer not to receive mailings please tick box.