ABCC New Member Registration

Membership is annual and renewable on the anniversary of the date you join. The services you receive depends upon your type of membership. These include insurance, Cycle Coaching Journal, Newsletters and membership of your own independent organisation which successfully protects your rights. The fees this year remain unchanged. We have a comprehensive insurance package which covers incidental activities that cycling coaches do in addition to direct coaching. This insurance also covers the possible long-term effects of advice which a coach might give. The cost of membership including £5 million insurance cover is £52, for the uninsured level of membership it is £35. You should ask your club to subsidise your ABCC membership as you are doing them a service by being comprehensively insured for coaching.



Please check the details carefully before returning the form together with your payment.

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Full member (Senic and insurance £52	or Coach, Coach, M	ountain bike co	ach/leader) includ	ing recei	pt of ABC	C's Journal				
Full member (Senic without insurance £		ountain bike co	ach/leader) includ	ing recei	pt of ABC	C's Journal				
Associate member	(Student Coach, As	sistant coach, s	Subscriber) includ	ing recei _l	pt of ABC	C's Journal	£35			
Please make ch	eques payable	to 'ABCC'					L			
Qualification So	ource (Please ti	ck) - eviden	ce of qualificat	ion is r	equired	d with the	applic	ation.		
ABCC M	IIAS ME	BCUK	Other [Details						
Children's Act 19 the terms of the spent convictions	Rehabilitation of	Offenders Act								
Do you have any criminal convictions (not road			traffic)	Y	'ES		NO			
If 'yes' please giv	e details (contin	ue overleaf if	necessary):				L			
Where did you	find out about <i>i</i>	ABCC:								
Web search	Word of Mouth	Advert	cisement O	ther ple	ase stat	e				
I agree to obtain provided that AB				ne arise	s from t	he ABCC ra	andom	check	procedur	е
PLEASE COMPLETE CARD AND FORM P.				THIS INF	ORMATIO	N WILL APP	EAR ON	YOUR I	4EMBERS	HIP
Only data sufficie their own data. If						ers have pa	ssword	l prote	cted acc	ess to
Full Name:										
Address :										
					Post (Code:				
Date of Birth:			Membership Grade:							
Home Phone:			Mobile Phone:							
Work Phone:			First Aid Cert. Valid to:			Office use:				
Email Address:										
.										
I confirm that the above information is true and correct: Date:					Signature:					

Post to: ABCC New Membership, 34 Riviera Gardens, Leeds, West Yorkshire, LS7 3DW email admin@abcc.co.uk to pay online, via the website

