



# RC ATTRACTIONS

Membership Application Form  
www.rca.cuzick.co.uk



**PLEASE USE CAPITAL LETTERS THANK YOU**

Name: \_\_\_\_\_  
Surname: \_\_\_\_\_

New Member please tick box  
BMFA Insurance please tick box  
Insurance Type please tick box

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Senior	<input type="checkbox"/>	*Junior	<input type="checkbox"/>

If BMFA is already in place please enter below

**\*Junior member must be under eighteen:  
on the 1st January.**

BMFA Number: \_\_\_\_\_  
Member ID: \_\_\_\_\_ **Use Club ID (RCCF XXX) (RDMFC XXX)**  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Post Code: \_\_\_\_\_  
Home Tel: \_\_\_\_\_  
Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_

	Club Fee's	Club Fee's	BMFA Fee's	BMFA Fee's
Membership:	Adult £0	Junior £0	Senior £32	Junior £17
Tic Box			N/A	
Tic Box				N/A

**Please Note:  
data will be used by  
RCA Only**

**I Do Agree & will Comply With Club & Site Rules**

Applicants Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**Please Send Your Form To:**

Malcolm Cuzick (RCA)  
20 Penvale Close  
Barripper, Camborne  
Cornwall  
TR14 0QP  
Email to: rca@cuzick.co.uk

For Office Use Only.

Signed By: _____	Insurance Paid [ _____ ]
Signed By: _____	BMFA 20??: [ _____ ]
	BMFA 20??: [ _____ ]