



# GRAVESEND EAGLES MOTORCYCLE CLUB LTD.

Members of North Kent Trials Combine  
Affiliated to S.E. Centre Auto Cycle Union

I (FULL NAME) ..... Date of Birth .....

of (ADDRESS).....  
.....

Telephone ..... Email address .....

*hereby apply to be registered as a member of the above club.*

In which area of sport are you interested? .....

Do you currently hold an ACU competition license?.....

If yes, which category? i.e. trials, road race .....

Signed ..... Date .....