

**CAMBRIDGE MATCHLESS MOTORCYCLE CLUB  
MEMBERSHIP**

To Mrs M Nunn  
42 Old School Lane  
Milton, Cambridge CB24 6BS

Tel No: 01223 860829

NAME: ..... Date of Birth: .....

ADDRESS: .....

..... POST CODE: ..... TEL NO: .....

e.mail address.....

**PLEASE NOTE: ALL RIDING MEMBERS MUST HOLD A ACU TRIALS REGISTRATION/LICENCE CARD**

**ACU REGISTRATION/LICENCE NO:** .....

**I am interested in riding the following:**

**Please**

**Tick** Youth  Adult  Trials  Enduro  Moto Cross  Grass Track   
**Box**

**I am prepared or can provide help with the following:**

**TRIALS** Working parties  Observing  Licenced Official  Licence No: .....

**Membership Required January to December**

Individual Membership: **£10**  Family Membership: **£15**

**NB** Family membership includes ONE adult plus ALL riding family members riding in Youth Classes.

1. Youths Name ..... Date of Birth .....

2. Youths Name ..... Date of Birth .....

I enclose a cheque for £..... payable to **Cambridge Matchless Motorcycle Club**

Signed .....

**If The Sporting Motorcyclist is requested please complete below**

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The Sporting Motorcyclist Magazine for regs/entry forms and Centre information 1 year £18.00 2 years £32.00  
Please send copies of The Sporting Motorcyclist to:-

NAME ..... TEL.....

ADDRESS .....

.....POST CODE .....

E:MAIL.....

Forward to: Andy Wood,  
30 Westways  
Edenbridge, Kent TN8 6AA

£..... Payable to The Sporting Motorcyclist