



2010 ACU Associate Membership Application & Renewal Form

Auto-Cycle Union Ltd, ACU House, Wood Street, Rugby, Warwickshire CV21 2YX
Tel: 01788 566400 Fax: 01788 552967 e-mail: admin@acu.org.uk

Your photo

(if this is your first application or your photo does not appear on your current membership card)

Write your name and date of birth on the reverse of your photo

Associate Members of the ACU are entitled to a range of member benefits, details can be found on the ACU website at www.acu.org.uk

To apply for or renew your Associate Membership please complete this form and return it with the **annual fee of £10.00**. Your membership will be valid from 1 January to 31 December of the year of issue.

If you intend to compete in ACU events you will need to apply for a Competition Licence or Trials Registration on a separate form.

Your details – please complete in block capitals

First names:		Mr/Mrs/Ms/Miss Surname:	
Address:			
Postcode:		Date of birth:	
Email address:			
Daytime phone no:		Evening phone no:	
Do you now hold, or have you ever held, an ACU licence or membership? (please tick)			Yes <input type="checkbox"/>
			No <input type="checkbox"/>
If you answered 'Yes' please state the licence / membership number, if known:		Number:	
Your signature:		Date:	

Payment

I am paying by:		Amount to be paid:	
- cheque made payable to 'ACU Ltd' <input type="checkbox"/> - postal order made payable to 'ACU Ltd' <input type="checkbox"/> - credit or debit card, details below <input type="checkbox"/>		£ 10.00	
Type of card:	Mastercard: <input type="checkbox"/>	Visa: <input type="checkbox"/>	Delta: <input type="checkbox"/> Switch / Maestro: <input type="checkbox"/>
Card number:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expiry date:	<input type="text"/>	Issue no: <input type="text"/>	Start date: <input type="text"/> Last 3 digits on signature panel: <input type="text"/>
Cardholder's name:	Cardholder's signature: <input type="text"/>		

ACU OFFICE USE ONLY	Fee £	Cheque PO Cash Credit Card	No.
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