



# 2021 Associate Membership Application & Renewal Form

Auto-Cycle Union Ltd, ACU House, Wood Street, Rugby, Warwickshire CV21 2YX  
Tel: 01788 566417 Fax: 01788 552967 e-mail: [licence@acu.org.uk](mailto:licence@acu.org.uk)

ACU and The Auto-Cycle Union are trading names of The Auto-Cycle Union Limited registered under Company No. 00134679

## 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](http://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 until 31st 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:	
Email address:	Date of birth:
Work phone no	Home phone no:
Mobile phone no	
If you now hold, or have you ever held, an ACU licence or membership, please enter the Membership Number	
<b>Your signature:</b>	<b>Date:</b>

ACU OFFICE USE ONLY

Fee £

Cheque / PO

Cash

Credit Card

Member Number 99337



## Payment

I am paying by: - cheque / postal order made payable to 'ACU Ltd' <input type="checkbox"/>
- credit or debit card, details below <input type="checkbox"/>
<b>If you wish to pay by Credit/Debit card the ACU cannot guarantee the security of your card details whilst in the post</b>
Amount to be paid: £ 10.00
Card number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Expiry date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Issue no: <input type="text"/> <input type="text"/> Start date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Last 3 digits on signature panel: <input type="text"/> <input type="text"/> <input type="text"/>
Cardholder's name: <input type="text"/> Cardholder's signature: <input type="text"/>