



BIKE LIBRARY

Bike Library – Member Registration Form

To be completed by new Member or *Parent / Guardian (for under 16's)

We are delighted that you wish to make use of our Bike Library. We need your details first and for you to sign to agree to our terms, either for yourself or as parent or guardian if registering on behalf of a child.

Member Details*

First Name:	
Surname:	
House Number:	
Street:	
Postcode:	
Email:	
Contact Tel no.:	
Date of Birth:	

- I confirm that I (*my child) can ride a bike safely.
- I confirm that I have read and understood the TfGM privacy notice.
- I confirm that I have read and understood the bike library disclaimer.

Signed: _____

Date: _____

For Project use: Member Number: _____

Photo ID Provided (note type): _____

Processed by:
Staff Name: _____

Date: _____