



VETERANS TIME TRIALS ASSOCIATION

Application for Membership

I wish to become a Member of the VTTA. I am over 40 years of age and, if elected, agree to abide by the Rules of the Association. I agree that my membership details may be held on a computer for the purposes of administration of the VTTA in accordance with the Data Protection Act

Full Name

Address

Post Code

Telephone

Date of Birth

E mail address

Club (if any)

Date of Application

Signature

Please complete and return to your local group secretary with your cheque made payable to VTTA
