

**BikeMarshals.ie – Membership Form**  
BM003 Rev-02



**[COMPLETE IN BLOCK CAPITALS]**

I, \_\_\_\_\_ wish to apply for membership of BikeMarshals.ie.

**Please read the following...**

- I undertake to support the aims of BikeMarshals.ie.
- I undertake to behave respectfully to all people I meet when representing BikeMarshals.ie.
- I understand and agree that all activities of BikeMarshals.ie are voluntary and that in all these activities I am ultimately responsible for my own safety.
- As a member I undertake to be in control of my vehicle at all times and responsible for my own actions while riding it. If I am given advice or instruction or an opinion that I feel to be unsafe I undertake instead to do what I myself believe to be the safest.
- I will not participate in the group unless: I hold a full license to ride a motorcycle, I have current insurance which I have verified with my insurance company that the cover will include Marshaling activities, my vehicle is taxed and to the best of my knowledge I meet all the legal requirements to ride my motorcycle.
- If at any time I hold over 6 penalty points or a license endorsement I will inform the group Secretary.
- I agree to only use members contact details for group business/activities
- My signature and date below indicate that I have read and that I understand the above 7 paragraphs.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I agree to share my contact details with members of BikeMarshals.ie.    Yes     No

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mobile number: \_\_\_\_\_

e-mail address: \_\_\_\_\_

Emergency Contact name: \_\_\_\_\_

Emergency Contact number: \_\_\_\_\_

Nominated BloodBike Group: \_\_\_\_\_

**For office use only:**

Member Call Sign:	<input type="text"/>	Copy of RoSPA Award:	<input type="checkbox"/>
Copy of First Aid Training:	<input type="checkbox"/>	Copy of Marshaling Assessment:	<input type="checkbox"/>
Membership ID Number:	<input type="text"/>		