

# BWRA MEMBERSHIP / RENEWAL FORM

SURNAME .....

FORENAME (S) .....  
(underlined preferred name)

ADDRESS .....  
.....  
.....

POST CODE .....

TELEPHONE .....

EMAIL .....

AGE .....

DATE OF BIRTH .....

NATIONALITY .....

NATURE OF DISABILITY .....  
(Lesion Level/IWAS Class if available)

MEMBERSHIP TYPE: (PLEASE CIRCLE)

SENIOR £15      ASSOCIATE £15      JUNIOR (up to 18yrs) £10

FAMILY (1 RACER + FAMILY) £25

Cheques payable to BWRA

Return to:

I Thompson, Ballasalla, The Avenue, Eaglescliffe, Stockton TS16 9AS

Or i-thompson@hotmail.co.uk