

# EFA MEMBERSHIP FORM 2026



NAME:

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ADDRESS:

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.....

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TEL NO:

.....

MAKE OF BIKE(S):

.....

I have read and agree to abide by the Eligibility Rules of the EFA and enclose the Membership Fee of (please delete whichever does not apply)

£14 EFA Membership

£3 EFA Youth Membership

Apply to be elected a member of the EFA

Please make cheques payable to: 'Eastern Fourstroke Association' or EFA

Signed:

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Date:

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Parent or Guardian: (youth members only)

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