



# CYCLES PHERE CYCLING

# Club

## 2018 MEMBERSHIP APPLICATION

VALID FROM 1 JANUARY 2018 TO 31 DECEMBER 2018

### PERSONAL DETAILS

FIRST NAME : \_\_\_\_\_

SURNAME : \_\_\_\_\_

IDENTITY NO :

SEX : MALE  FEMALE

DATE OF BIRTH : \_\_\_\_\_ AGE : \_\_\_\_\_

PHYSICAL ADDRESS : \_\_\_\_\_

CODE : \_\_\_\_\_

POSTAL ADDRESS : \_\_\_\_\_

CODE : \_\_\_\_\_

TEL : (H) \_\_\_\_\_ (W) \_\_\_\_\_

CELL : \_\_\_\_\_ EMAIL : \_\_\_\_\_

### EMERGENCY DETAILS

NAME OF CONTACT PERSON : \_\_\_\_\_

CELL NO : \_\_\_\_\_

DOCTOR : \_\_\_\_\_ TEL NO : \_\_\_\_\_

MEDICAL AID NAME : \_\_\_\_\_ MED AID NO : \_\_\_\_\_

ALLERGIES : \_\_\_\_\_

BLOOD GROUP : \_\_\_\_\_

### CYCLING DETAILS

MAKE & MODEL OF BICYCLE #1 : \_\_\_\_\_

MAKE & MODEL OF BICYCLE #2 : \_\_\_\_\_

### AGE CATEGORY ( PLEASE TICK NEXT TO THE APPROPRIATE OPTION )

<input type="checkbox"/>	UNDER 10	<input type="checkbox"/>	JUNIOR WOMAN	<input type="checkbox"/>	VETS 30 - 34
<input type="checkbox"/>	UNDER 12	<input type="checkbox"/>	UNDER 23	<input type="checkbox"/>	VETS 35 - 39
<input type="checkbox"/>	UNDER 14	<input type="checkbox"/>	ELITE MEN	<input type="checkbox"/>	VETS 40 - 44
<input type="checkbox"/>	UNDER 16	<input type="checkbox"/>	ELITE WOMEN	<input type="checkbox"/>	VETS 45 - 49
<input type="checkbox"/>	JUNIOR MALE	<input type="checkbox"/>	VET WOMAN	<input type="checkbox"/>	VETS 50+

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_



# CYCLESHERE CYCLING

# Club

## 2018 MEMBERSHIP FEES

R 250.00 PER PERSON

R 400.00 PER FAMILY

R 100.00 PER STUDENT

SAPS, METRO and all EMERGENCY SERVICE WORKERS - FREE MEMBERSHIP

**PLEASE NOTE : THE ABOVE FEES EXCLUDE YOUR S.A.C.F. AND THS LICENSE**

**MEMBERSHIP INCLUDES : LESS 10% ON ALL SPARES AND BICYCLES FROM CYCLESHERE**

I hereby apply for membership of CYCLESHERE CYCLING CLUB . I undertake to adhere to the rules of the club as well as to the rules of CKZN, CSA and UCI. I understand that cycling can be dangerous and, on behalf of myself, my family and any personal representatives, I release and forever discharge CYCLESHERE , its members, sponsors, promoters and any other person or organization involved with the club from all and any liability, claim or cost to myself or my property arising directly or indirectly out of my traveling to, attendance at or participation in any activity of the club. I irrevocably waive any claim which I may have against the club or its members arising from any cause whatsoever, including gross negligence, which may arise from my traveling, attendance or participation as aforesaid. I certify that the above information is correct and that I have read and understand the contents.

**DATE :** \_\_\_\_\_

**APPLICANT'S SIGNATURE :** \_\_\_\_\_

**PARENT / GUARDIAN'S NAME :** \_\_\_\_\_ **SIGNATURE :** \_\_\_\_\_

Please DEPOSIT your MEMBERSHIP FEE into the CYCLESHERE Cycling Club account and use you surname as a reference.

### **BANKING DETAILS:**

Cyclesphere Cycling Club  
Standard Bank  
Acc No: 0251137945  
Branch: Florida Road