

P O Box 432  
Winkelspruit  
4145

Chairman  
Barry Walker  
Tel: 083 459 8253



we ride...  
because we love it

www.amanzimtoticycle.co.za

## Proposal Form / Membership Application

I (member) \_\_\_\_\_ being a bona-fide member of Amanzimtoti Cycling Club hereby proposes:

Full Name: \_\_\_\_\_

ID No: \_\_\_\_\_

Postal Address:

Telephone Numbers:

\_\_\_\_\_

(Home): \_\_\_\_\_

\_\_\_\_\_

(Work): \_\_\_\_\_

\_\_\_\_\_

(Cell): \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

In case of an Emergency: Emergency Contact Name: \_\_\_\_\_

Emergency Contact Tel Number: \_\_\_\_\_

Medical Aid Details: Name of Medical Aid: \_\_\_\_\_

Medical Aid Scheme: \_\_\_\_\_

Medical Aid Number: \_\_\_\_\_

For membership of Amanzimtoti Cycling Club as a

Full Member / U16 Junior Member \_\_\_\_\_ Discipline/s: ROAD \_\_\_\_\_ MTB \_\_\_\_\_

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

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

I \_\_\_\_\_, hereby apply to join Amanzimtoti Cycling Club.

### I understand:

1. That my application form must be exhibited on the Clubs notice board for at least seven days and that it must be submitted to the next committee meeting for acceptance.
2. That the Executive committee has the right to refuse any application for membership without assigning any reasons for such refusal.
3. That the membership fee shall accompany my application. If my application is not accepted, such fee shall be returned to me.
4. Upon acceptance, I shall get myself familiar with the club's constitution which can be found on the website [www.amanzimtoticycle.co.za](http://www.amanzimtoticycle.co.za).

I hereby indemnify the AMANZIMTOTI CYCLING CLUB and hold it harmless against all claims for damages to property and all claims arising from death of, or injury to, any person whomsoever, or damage to equipment to vehicles whether partaking or otherwise involved in, in any activity or in any cycling event organised or authorised by the Amanzimtoti Cycling Club. Persons signing this indemnity form as guardian of a minor hereby consent to such minor being bound by the foregoing & further indemnify any parties, if any, to which such a minor is not capable of waiving his/her rights as stipulated above.

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

(Banking details: ABSA Bank, Account Name: Amanzimtoti Cycling Club, Branch: Amanzimtoti, Branch Code: 632005, Account No.: 907 928 4800)