



Membership Application

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

Full Name: _____ ID No: _____

Postal Address: _____ Shirt size: _____

_____ Telephone Numbers:

_____ (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 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. 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)