



# Membership Application

## Applicant Information

Full Name: \_\_\_\_\_  
First Name Surname Preferred Name

Address: \_\_\_\_\_  
Street Address

Suburb State Post Code

Date of Birth: \_\_\_\_\_

Phone(s): \_\_\_\_\_ Email: \_\_\_\_\_

## Emergency Contacts, Allergies, Membership and Riding Pattern

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Known Allergies: \_\_\_\_\_  
*If you carry a Medical Alert or Health History Card, mention this here.*

Class of Membership: Ordinary Member  Over Eighty Active Rider  Social Member

Likely Club Riding Pattern: Wednesday  Saturday North  South  Monday

## Information for Applicants

- This Application Form can be scanned to [membershipsecretary@o55perth.bike](mailto:membershipsecretary@o55perth.bike), submitted in person to a Committee member on a ride day or posted to 52 Todd Ave, Como WA 6152.
- Pay your membership fee to **Over 55 Cycling Club Inc, Bank of Queensland, BSB: 126577 Account No.: 23461218** Please enter your name in the "to account description".
- Your name and address, as provided above, will then be recorded in the Register of Members and will be made available to other members, upon request, under section 54 of the *Associations Incorporation Act 2015*.
- You can verify your personal information by contacting the Club at [membershipsecretary@o55perth.bike](mailto:membershipsecretary@o55perth.bike)
- The club requires that members ride with mirrors. One is provided as part of your joining fee, and in the online shop.
- E-bikes (electrically assisted/powered bicycles) may be ridden on Club Rides. For more information see Club by-law 1.5 on the website.
- Will you be riding an E-bike? YES  . . NO   
If the response is YES download and complete the "Electric Bike (Pedelec) Notification Form" from the website and read the regulations pertaining to E-bikes
- The Club's website is packed with interesting and useful information <https://o55perth.bike>

## Participation Statement and Signature

- I hereby apply to become a member of the Over 55 Cycling Club Inc.
- I acknowledge that cycling can be a dangerous activity that can result in injury or even death and I participate in Club activities at my own risk. I am responsible for ensuring that I have adequately prepared myself and that my bike is in sound mechanical order before participating in a Club event.
- I acknowledge that under no circumstances, including circumstances involving negligence, will the Club or the Club Members be liable for my death, personal injury, loss or damage (including loss or damage to my property) in any way caused, which may be sustained or incurred by me in the course of or in consequence of participation in a Club activity and I hereby release and discharge the Club and the Club Members from any claim relating to these matters and to indemnify the Club in relation to any such claim.
- I hereby consent to receive medical treatment, including calling an ambulance, in the event that I fall ill or suffer any injury or accident while participating in Club activities. I will be responsible for any and all costs for such medical treatment including costs of ambulance transportation, hospitalisation and the like.
- I have read and agree to comply with the Club Constitution and Club By-Laws.

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