

## Over 55 Cycling Club Inc. ABN: 4215 8477 011

## **Membership Application**

		Applicant illioinia		
Full Name:	First Name Surname		Preferred Name	
Address:				
	Street Address			
	Suburb		State	Post Code
Date of Birtl	h:			
Phone(s):		Em	ail:	
Emergency Contacts, Allergies, Membership and Riding Pattern				
Name:			Phone:	
Name:		-	Phone:	
Known Alle		Medical Alert or Health History Card, mention this	horo	
Class of Me		Ordinary Member Over Eighty A	_	Social Member
	•	Wednesday Saturday N		
Likely Club	Riding Pattern:	wednesday — Saturday N		
Please Your na available You car The clu E-bikes 1.5 on t Will you If the re read the The Clu I l acknown activitie sound r I acknown	enter your name ame and address le to other member verify your pers be requires that medically assisted by the website.  If the website is particular to be regulations per leb's website is particular to be at my own risk mechanical order wledge that under the same and a second process of the regulations per leb's website is particular to be at my own risk mechanical order wledge that under the same and a second process of the	nc, Bank of Queensland, BSB: 126577 in the "to account description". s, as provided above, will then be record pers, upon request, under section 54 of the conal information by contacting the Club at the embers ride with mirrors. One is provided pisted/powered bicycles) may be ridden on the bike? YES NO  Sownload and complete the "Electric Bike training to E-bikes acked with interesting and useful information at the end of the Over 55 Cycling Club In the graph of the Graph of	ed in the Register Associations Incomembershipsecret as part of your join Club Rides. For many (Pedelec) Notification https://o55perth.inc.  esult in injury or ever adequately preparations in the property of the property o	of Members and will be made proporation Act 2015.  tary@o55perth.bike ing fee, and in the online shop. nore information see Club by-law ion Form" from the website and bike en death and I participate in Clul ared myself and that my bike is in ligence, will the Club or the Clul
Membe caused and I ho indemn 4. I hereby injury o treatme	ers be liable for my death, personal injury, loss or damage (including loss or damage to my property) in any way, which may be sustained or incurred by me in the course of or in consequence of participation in a Club activity ereby release and discharge the Club and the Club Members from any claim relating to these matters and to lifty the Club in relation to any such claim.  If y consent to receive medical treatment, including calling an ambulance, in the event that I fall ill or suffer any accident while participating in Club activities. I will be responsible for any and all costs for such medical ent including costs of ambulance transportation, hospitalisation and the like.  The ead and agree to comply with the Club Constitution and Club By-Laws.			
Signature:			Date:	