

WHITEHORSE CYCLISTS INC

ABN: 16 156 596 603

Postal Address: Whitehorse Cyclists Inc
P.O. Box 113
Box Hill 3128
Website : www.whitehorsecyclists.org.au

2011 Application for Membership

Please Print

I/We and request admission as a member of **Whitehorse Cyclists Inc.**

Address
.....
.....Postcode.....

Phone (home)..... (mobile).....
(work)

email address:

Are you a member of Bicycle Victoria? Yes / No

Emergency Contact person's name and phone.....

How do want to receive your copy of the Newsletter? Electronic Paper

- Individual : \$30 Family : \$50

I acknowledge that the activity of bicycle riding can be dangerous and that I may suffer loss or injury or death and I agree that in consideration of my participation in any event conducted by Whitehorse Cyclists Inc, that I will absolve from liability Whitehorse Cyclists, its officers, and any event organiser from all claims, demands, or suits whether for personal injury or property loss suffered whether by negligence or breach of contract or otherwise, save for any right I may have pursuant to the Trade Practices Act 1977 (Commonwealth) as amended.

Date..... Signed.....

The information on this membership form is for internal WCI use only and will not be released to any third party.

Office Use Only

Date Received: Receipt #: Processed by:

