

## MEMBERSHIP APPLICATION FORM

(Full names and Surname)	I			
Additional Members:	1)2)			
	3)	4)		
ADDRESS: HOME:				
POSTEL:				
TEL NO (H)	(W)	) (Cell)		
I.D. NO				
CSA Affiliation YES	NO Supply CSA a	affiliation number where applicable		
I hereby wish to apply for me  I am aware and fully und  I am familiar with the (a)  I hereby undertake to como fothers and myself.  I indemnify BRR or any present on any of the ide  Outside members are to Riders Cycling club.(R6)  monthly can be made with CLUB:  BANKING DE	embership of Black Rock derstand the objectives of Constitution (b) Rules as mply with the rules and re representatives from any ntified routes. pay membership fees anno 00.00 per year from Janua th the committee.  TAIL: Bank Acc No Branch No	the club. and Regulations (c) Declaration. egulations of the club and undertake to observe the safety injuries or damage to property which may occur while anually in full. Cheques to be made out to Black Rock ary to December). Prior arrangements to pay fees 6  BLACK ROCK RIDERS CYCLING CLUB Standard Bank – Cheque Account 041 946 286		
APPLICANT SIGNATUREDATE				
COMMITTEE MEMBER		DATE		
TO: PAYM FROM: BLAC SUBJECT: DEDU	AASTER CK ROCK RIDERS CYCUCTION OF MEMBERS HEREBY AUTED FROM MY SALAR	SHIP FEES  THORISE THAT THE MEMBERSHIP FEES OF		
SIGNATURE		DATE		



## ADDITONAL INFORMATION

	CSA affiliation/License no:	ID. Number	Medical Aid	Chip No
1.				
2.				
3.				
4.				
Ro Mo BN	ountain bike			

Please note that arrangements can be made with the Committee to have the membership fees deducted on a suitable basis

