



P.O. Box 548
Busselton

Application for Membership Form

I (Full Name) Please Print _____

Address _____

Post Code _____

Date of Birth ___/___/19___

Phone No. _____ Mobile No. _____

E-Mail Address _____

Emergency Phone No.1 _____

Emergency Phone No 2 _____

I hereby agree to abide by all Geographe Cycle Club rules and regulations set out in the Constitution and the Riding Safety Bylaws or to any changes the Club sees fit to introduce. I understand the inherent dangers in the Club activities and realise there is a risk of personal injury.

- The Club does not have an insurance policy that protects members from loss or damage to their bike or personal injury. Members ride at their own risk and should obtain their own personal and bike insurance eg, Bicycling WA.

I am happy for my contact details to be distributed to the Club members Yes_____ No_____

Membership Type: Please tick.

Riding Member

Non-Riding Member

SIGNATURE _____ DATE ___/___/_____

All information provided on this form will only be used for the Geographe Cycle Club purposes and will not be given to any other person outside of this Club. Your name and address, as provided above, must be recorded in the Register of Members and be made available to other members, upon request, under section 54 of the Associations Incorporation Act 2015.

*Persons under 50 are welcome to join the club but do not have voting rights.

PLEASE RETURN COMPLETED FORM TO THE SECRETARY