

Associate Form
THE HAMILTON CYCLING CLUB
APPLICATION FOR MEMBERSHIP, 2015
(Please complete ALL sections even if this is a renewal.)

NAME: _____ GENDER: ___ AGE (as of 31/12/15): ___ Date of Birth: _____ Da y/Month/Year

ADDRESS: _____
Street
City _____ Postal Code _____ Telephone (____) _____ Email _____

Primary Club _____ If Licensed UCI/OCA Lic # _____ (bottom right)

<input type="checkbox"/>		Associate	\$5 (restricted privileges must have OCA or affiliated club membership)	Note: Club clothing is available on line under "Gear" at www.hamiltoncycling.com

SIGNATURE OF APPLICANT: _____ **DATE:** _____

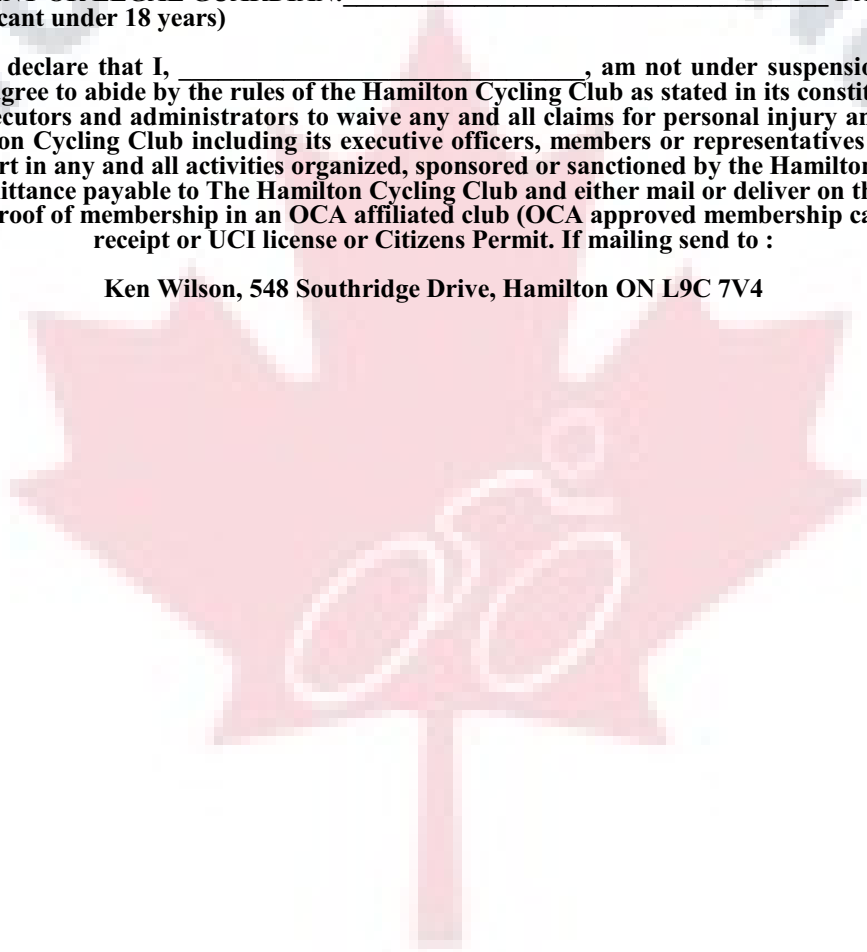
SIGNATURE OF PARENT OR LEGAL GUARDIAN: _____ **DATE:** _____
(if applicant under 18 years)

By signing the above, I declare that I, _____, am not under suspension by any other athletic governing body. I will agree to abide by the rules of the Hamilton Cycling Club as stated in its constitution and rules. I agree for myself, my heirs, executors and administrators to waive any and all claims for personal injury and/or damage that I may have against the Hamilton Cycling Club including its executive officers, members or representatives for any and all injuries received while taking part in any and all activities organized, sponsored or sanctioned by the Hamilton Cycling Club.

Please make your remittance payable to The Hamilton Cycling Club and either mail or deliver on the line along with this completed form and proof of membership in an OCA affiliated club (OCA approved membership card or OCA Insurance receipt or UCI license or Citizens Permit. If mailing send to :

Ken Wilson, 548 Southridge Drive, Hamilton ON L9C 7V4

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