



**GEELONG MOUNTAIN
BIKE CLUB INC.**

Ph : 0407433682

The Club Secretary
PO Box 496
GEELONG Vic 3220

APPLICATION FOR MEMBERSHIP

NAME: _____

ADDRESS: _____

_____ POSTCODE: _____

PHONE: (AH) _____ (BH) _____ (MOB) _____

DATE OF BIRTH: ____/____/19__

EMAIL ADDRESS: _____

PLEASE READ CAREFULLY AND SIGN BELOW

I agree to accept full responsibility for any loss or personal injury resulting from club activities and agree to waive all claims against the Geelong Mountain Bike Club, its office bearers, servers, sponsors and promoters.

SIGNED: _____ DATE: ____/____/20__
(If under 18 years of age, parent or guardian must sign)

FEES: (Includes Club Membership & MTBA Licence)

PLEASE MAKE CHEQUES PAYABLE TO GEELONG MOUNTAIN BIKE CLUB

- | | | |
|--------------------------|--------------------|-------|
| <input type="checkbox"/> | SENIOR MEN & WOMEN | \$100 |
| <input type="checkbox"/> | JUNIORS (U19) | \$80 |
| <input type="checkbox"/> | NON COMPETITOR | \$62 |

OFFICE USE ONLY:

DATE OF LICENCE: ____/____/20__ LICENCE NUMBER: _____

CROSS COUNTRY DOWNHILL