



East Coast Cycling Club
 P.O Box 70159
 Overport
 4067

MEMBERSHIP FORM

APPLICATION FOR / RENEWAL OF MEMBERSHIP

New Member Renewal

FIRST NAME			
SURNAME			
POSTAL ADDRESS			
TELEPHONE	(W/CELL)	(H)	
EMAIL ADDRESS			
DATE OF BIRTH & ID NO:			
RACE CHIP & NO:	ORGANIZATION:	NUMBER:	
FAMILY MEMBER 1 NAME			
FAMILY MEMBER 2 NAME			
<i>[TO QUALIFY AS A FAMILY MEMBER THE PERSON CONCERNED MUST LIVE AT THE SAME ADDRESS AS THE MAIN MEMBER]</i>			

I HEREBY AGREE NOT TO HOLD ECCC RESPONSIBLE FOR ANY LOSSES INCURRED BY ME OR INJURY SUFFERED BY ME OR A FAMILY MEMBER WHILE PARTICIPATING IN EVENTS ORGANISED BY ECCC.

SIGNED

DATE: _____ **MEMBER:** _____

DATE: _____ **FAMILY MEMBER 1:** _____

DATE: _____ **FAMILY MEMBER 2:** _____

SUBSCRIPTIONS TO ACCOMPANY APPLICATION:

MEMBER R195.00 + R100.00 FOR EACH FAMILY MEMBER. THERE IS ALSO A ONCE-OFF JOINING AND ADMINISTRATION FEE OF R100.00 PER MEMBER.

PLEASE DEPOSIT YOUR SUBSCRIPTION DIRECTLY INTO OUR ACCOUNT:

ABSA BANK, ARGYLE ROAD, BRANCH CODE 632005, ACCOUNT NUMBER 4050709050.
 PLEASE USE YOUR NAME AS THE REFERENCE.


A COPY OF DEPOSIT SLIP MUST ACCOMPANY THIS APPLICATION. ALL APPLICATIONS CAN BE EMAILED TO CHAIRMAN@ECCC.CO.ZA OR HANDED TO ANY COMMITTEE MEMBER AT ANY ECCC SATURDAY RIDE AT SUNCOAST CASINO. MEMBERSHIP CARDS WILL BE EMAILED.

EMERGENCY INFORMATION


AS AN EAST COAST CYCLING CLUB MEMBER, WE OFFER YOU THE ADDITIONAL BENEFIT OF A LAMINATED MEMBERSHIP CARD, DOUBLING AS AN EMERGENCY INFORMATION CARD. THE FOLLOWING WILL SERVE AS YOUR CARD/S, SO IT IS IN YOUR OWN INTEREST TO FILL THEM IN CAREFULLY AND LEGIBLY.

LEAVE: "MEMBERSHIP NUMBER" (UNLESS YOU ARE RENEWING) AND "FOR ECCC" BLANK.


MAIN MEMBER

	MEMBERSHIP NO.	EMERGENCY CONTACT
		NAME:
		TELEPHONE:
NAME		MEDICAL AID:
TELEPHONE		MEDICAL AID NO:
		ALLERGIES:
FOR ECCC		BLOOD GROUP

FAMILY MEMBER 1:

	MEMBERSHIP NO.	EMERGENCY CONTACT
		NAME:
		TELEPHONE:
NAME		MEDICAL AID:
TELEPHONE		MEDICAL AID NO:
		ALLERGIES:
FOR ECCC		BLOOD GROUP

FAMILY MEMBER 2:

	MEMBERSHIP NO.	EMERGENCY CONTACT
		NAME:
		TELEPHONE:
NAME		MEDICAL AID:
TELEPHONE		MEDICAL AID NO:
		ALLERGIES:
FOR ECCC		BLOOD GROUP

