



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:			
DISCIPLINE	ROAD <input type="checkbox"/>	MTB <input type="checkbox"/>	BOTH <input type="checkbox"/>
RACE CHIP & NO:	ORGANIZATION:	NUMBER:	
FAMILY MEMBER 1 NAME			
FAMILY MEMBER 2 NAME			

*[TO QUALIFY AS A FAMILY MEMBER THE PERSON CONCERNED MUST LIVE AT THE SAME ADDRESS AS THE MAIN MEMBER]*

**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 R220.00 + R120.00 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

	<b>MEMBERSHIP NO.</b>	<b>EMERGENCY CONTACT</b>
		NAME:
		TELEPHONE:
NAME		MEDICAL AID:
TELEPHONE		MEDICAL AID NO:
		ALLERGIES:
FOR ECCC		BLOOD GROUP

## FAMILY MEMBER 1:

	<b>MEMBERSHIP NO.</b>	<b>EMERGENCY CONTACT</b>
		NAME:
		TELEPHONE:
NAME		MEDICAL AID:
TELEPHONE		MEDICAL AID NO:
		ALLERGIES:
FOR ECCC		BLOOD GROUP

## FAMILY MEMBER 2:

	<b>MEMBERSHIP NO.</b>	<b>EMERGENCY CONTACT</b>
		NAME:
		TELEPHONE:
NAME		MEDICAL AID:
TELEPHONE		MEDICAL AID NO:
		ALLERGIES:
FOR ECCC		BLOOD GROUP

