

MEMBERSHIP APPLICATION FORM 2012

WEST COAST MASTERS CYCLING COUNCIL OF W.A. (INC.)

Affiliated to the Australian Veteran Cycling Council Inc. and to the International Cycling Federation
ABN 38 545 736 772

SURNAME _____ FIRST NAME _____

ADDRESS _____

POST CODE _____

HOME EMAIL: _____

WORK EMAIL: _____

We need to be able to contact you out of hours in the case of an unforeseen circumstance that may result in a race cancellation; hence home contacts are preferred to work.

TEL NO. (MOB) _____ (Home) _____ (Work) _____

DATE OF BIRTH _____ M / F Age on birthday 2012 _____

IN CASE OF AN EMERGENCY:

Contact Name _____ Ph _____

I agree to allow officers of the WCMCC to contact me on cycling business by e.mail or telephone. Please tick:(YES) (NO)

I the undersigned agree to abide by the rules and regulations of the Australian Veteran Cycling Council (AVCC) and affiliated clubs as they may be formulated from time to time. I further agree to observe and comply with all oral and written instructions issued by the appointed officials of the West Coast Masters Cycling Council Inc. and/or the AVCC. In consideration of my participation in the activities of the club I freely release the West Coast Masters Cycling Council Inc. and the AVCC, and officials of the aforementioned bodies from any and all liability for any injury, loss and damage arising out of the activities, I accept the dangers that may be involved in competitive cycling and undertake to participate entirely at my own risk. I understand that my registration fee includes a level of accident insurance cover and that details can be viewed on the AVCC webpage. I acknowledge that the insurance benefits provided are limited and that I should consider carrying personal insurance as well as ambulance and private health cover. I further declare that I have no health problems that make me incapable of competing safely in AVCC events and that I will inform the AVCC or affiliates should health concerns arise.

SIGNATURE: _____ DATE: _____

Cover for insurance is dated from 1st October 2011 or time of receipt of your form if after this date and lasts until 31st December 2012. For renewals after 1st January 2012, please note the insurance company does not allow days-of-grace. All racing members are covered by insurance for racing and training (including private training) and all officials and affiliates are covered for public liability: N.B. A rider who reaches the age of 80 years before 1st January 2012 must obtain a medical clearance and a letter from a club official attesting to his/her ability to compete, and clearance must be received by the AVCC Secretary from the insurer before the rider is allowed insurance cover and permitted to compete.

continued over

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FEES

Metropolitan members **\$130**

Country members (living and belonging to clubs 160km or more from the Perth GPO and who will ride five or fewer open events) **\$90**

Current Centrelink Pensioner Concession Card Holder **\$100**

Non-racing officials **\$10**

Correspondence Members **\$20**

FEE PAID: \$_____ Cash Cheque Direct Deposit

Please make out **cheques** to the West Coast Masters Cycling Council or WCMCC

Direct Deposit:

Please ensure your full name is in the reference so we know who to allocate the payment to – Thank you.

BSB: 806-036 Account Number: 511529 Account Name: West Coast Masters Cycling Council Inc

RENEWALS of membership can only be accepted after the club AGM in December each year. Please note that the fees quoted below are reviewed at the AGM and are subject to change. Membership period is from January 1 to December 31st of each year.

Return this form and payment to: Membership Secretary, Trelma Lally, 2/475 Canning Highway, Melville, WA 6156.

For Administration Only:

Name

Licence Number

Date of issue