Cycling South Africa membership/license application Membership 2011

 ${\it Please email or fax the completed form with proof of payment to:}$

Fax number (membership) 086 276 3085 Fax number (racing license) 021 557 3155

| email to (for membership) | membership@cyclingsa.com | | |
|--------------------------------|---------------------------|------------------------------------|---------|
| email to (for racing license) | joanne@cyclingsa.com | | |
| | tarryn@cyclingsa.com | | |
| Please provide all the informa | tion below | | I |
| First name | | ID number | |
| Last name | | Date of birth | |
| Nickname | | Gender | |
| Club | | | |
| | | | |
| Residential address | | Postal address | |
| | | | |
| Suburb | | Suburb | |
| Town | | Town | |
| Country | | Country | |
| Post code | | Post code | |
| <u> </u> | | | |
| Cell number | | Fax Number | |
| Telephone number | | Email | |
| | | | |
| | | | |
| Medical aid | | | |
| Main member | | Emergency contact | |
| Medical aid name | | Emergency contact number | |
| Medical aid number | | Relationship | |
| | | | |
| Medical conditions | | | |
| Allergies | | | |
| | | | |
| | | License Category (Racing licens | e only) |
| Indicate principle discipline | Road | | |
| | МТВ | | |
| | Track | | |
| | ВМХ | | |
| | Paracycling | | |
| | Purchase details | | |
| | | CSA membership | R 75.00 |
| | | CGC Affiliate fee R75.00 | ,5.00 |
| | | (compulsory if you live in Central | |
| Banking details | Absa Bank | Gauteng) | |
| | Account name: Cycling SA | KZN Affiliate fee R35.00 | |
| | Account: 407 6928454 | (compulsory if you live in KZN) | |
| | Plattekloof Business Park | Racing license (R350) | |

Road Cover (R60.00) *

* Details of RoadCover can be found on cyclingsa.com

Signature Date

Branch code: 632005