



# Whyalla Cycling Club

*Acknowledging Achievement in Sport*

**TYPE OF MEMBERSHIP:** Family, Adult, Junior (Please circle)

APPLICANTS FAMILY NAME \_\_\_\_\_

CHRISTIAN NAME(S) \_\_\_\_\_

DATE(S) OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ MOBILE \_\_\_\_\_

EMAIL \_\_\_\_\_

I desire to become a member of the Whyalla Cycling Club Inc.

I agree to abide by the rules and constitution of the Whyalla Cycling Club Inc.

DATE \_\_\_\_\_ SIGNED \_\_\_\_\_

(If under 18 years of age, signed by a parent / guardian)

I give permission for photographs taken of myself or family to be displayed on the Whyalla Cycling Club website

Yes       No      and in the Whyalla News       Yes       No.

I give permission for my telephone number and/or my email address to be given to other members of the club if requested.       Yes       No