

# Cobourg Cycling Club

Establish 1972

## MEMBERSHIP FORM 2011

Name : \_\_\_\_\_ DOB : \_\_\_\_\_

### Address

Street: \_\_\_\_\_

Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone No \_\_\_\_\_ Mobile \_\_\_\_\_

Email: \_\_\_\_\_

Additional Family Members: \_\_\_\_\_

\_\_\_\_\_

OCA Waiver Signed  OCA License # \_\_\_\_\_

### Membership Fee:

Active Member: \$50.00  OCA Icnensed rider \$20.00  Club Supporter:  
\$15.00

Family Membership \$50 - first family member \$40 - additional members OR  
\$20 -1st licensed member \$10 - additional licensed members

I consent to the club giving my name and phone number to other members of the club.

I have read, understood and agree to the terms of the RISK MANAGEMENT POLICY of the Cobourg Cycling Club

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send to Club Membership Secretary.

Lee Shooter  
376 Parkview Hills Dr  
Cobourg, ON. K9A 5S6  
905-377-9205

