

# Cobourg Cycling Club

Establish 1972

## MEMBERSHIP FORM 2009

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

Date of Birth: \_\_\_\_\_

### Address

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

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

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

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

### Cycling Interest:

- Touring       Time Trials       Mountain Bikes  
 Road Racing       Du/Triathlon

OCA Waiver Signed

### Membership Fee:

Active Member: \$45.00     OCA licensed rider \$20.00     Club Supporter: \$15.00

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

I consent to the club including my age in posted time trial results.

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

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

Send to Club Treasurer.

Roy Martin  
1060 Tillison Ave  
Cobourg, ON. K9A 5N4  
905-373-4246

