

WHANGAREI MOUNTAIN BIKE CLUB

Club Secretary: Matt Andrew | Phone: 0211 433340 | Email: kiwiarch@aol.com

MEMBERSHIP FORM 2017

Club membership fees help support the development of MTB trails and MTB events in and around the Whangarei district.

MEMBER CONTACT INFORMATION:

TITLE	Mr/Mrs/Miss/Ms (Please circle)		
FULL NAME			
ADDRESS 1		DATE OF BIRTH	
ADDRESS 2		AGE	
TOWN		PHONE	
POST CODE		EMAIL	

MEMBER INFORMATION:

(Information in this section is optional and will be used for club development purposes only)

STUDENTS - What school/college or university do you attend?	
NON-STUDENTS - What is your occupation?	
Would you be interested in learning to coach / or attend coach education workshops?	YES / NO (Please Circle)
Would you be interested in being part of the Whangarei Mountain Bike Club Committee?	YES / NO (Please Circle)
What skills do you have that could help develop the club? (e.g. web design, admin, accounting, planning, sponsorship, track building etc):	
Are you happy to have your name and contact details circulated to other members?	YES / NO (Please Circle)

MEDICAL INFORMATION & CONSENT

(To be completed by PARENT or GUARDIAN if under 18)

In case of emergency and as part of the club's responsibility to its membership, ALL club members are required to complete this medical information form as accurately as possible. Details will be held securely with access restricted to authorised club officers only.

NEXT OF KIN		RELATIONSHIP		MOBILE PHONE	
DOCTORS NAME		MEDICAL CENTRE		PHONE	
As far as you are aware, are you allergic to any medication? (Please state)					
Are you taking any regular medication? If so, for what reason?					
Do you have any long term illnesses or injuries?					
<i>Declaration: I consider myself (my son/daughter)* to be physically fit and capable of full participation and agree to notify the club of any changes to the medical information provided. Furthermore, in the event that I am injured I give my permission (for my son/daughter)* for the club personal to obtain emergency medical treatment on my behalf. I/We understand that the above club accepts no liability or responsibility for any accident or possible death to the above person/persons or damage to property.</i>					
SIGNED		DATE		(RELATIONSHIP)	

MEMBERSHIP PAYMENT:

Please enclose your individual membership of **\$55.00**. Each additional family member is **\$25**
(Membership is made up of \$30 club fee + \$25 bike northland affiliation fee)

Cheques payable to **Whangarei Mountain Bike Club**

Online payments to **Whangarei Mountain bike club - Bank Account no: 06-0493-0245304-00**

Post to: **The Secretary**
Whangarei Mountain Bike Club, PO Box 788, Whangarei

ADDITIONAL MEMBER CONTACT INFORMATION:

TITLE	Mr/Mrs/Miss/Ms (Please circle)		
FULL NAME			
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