



KPCCC

MEMBERSHIP APPLICATION FORM

Applicants Contact Details

Please provide all the information below

First Name	
Last Name	

Residential Address	
Suburb	
Town	
Country	
Post Code	

Contact Number	
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Primary Discipline	
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Indicate Discipline	Road
	MTB
	Track
	BMX
	Paracycling

BMX Plate Number	
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CSA ID (Lic No)	
ROAG ID (Lic No)	

Date of Birth	
Gender	
ID Number	

If different

Postal Address	
Suburb	
Town	
Country	
Post Code	

Email Address	
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Nationality	
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place photo in square

Number	
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Number	
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Number	
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Emergency Contact Details

Primary Emergency Contact Details:

Name:	
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Alternative Emergency Contact Details:

Name:	
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Alternative Emergency Contact Details:

Name:	
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Medical

Medical Aid:	
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Medical Aid Number:	
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Primary Member:	
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Medical Aid Plan:	
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Allergies

Medication

Blood Group

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I _____, hereby apply to join Kings Park Cycling Club (KPCCC)

I understand:

1. That the Executive committee has the right to refuse any application for membership without assigning any reasons for such refusal.
2. That the membership fee shall accompany my application. If my application is not accepted, such fee shall be returned to me.

I hereby indemnify the Kings Park Cycling Club (KPCCC) against all claims for damages to property and all claims arising from death of, or injury to, any person whomsoever, or damage to equipment to vehicles whether partaking or otherwise involved in, in any activity or in any cycling event organised or authorised by the Kings Park Cycling Club (KPCCC)

Persons signing this indemnity form as guardian of a minor hereby consent to such minor being bound by the a foregoing & further indemnify any parties, if any, to which such a minor is not capable of waiving his/her rights as stipulated above.

Signature: _____ Date: _____

Account Details:

KPCCC

Nedbank Durban North (135226)

a/c no 1352003066