

Our Membership year is January 1st to December 31st so please renew RIGHT AWAY!

**THE HAMILTON CYCLING CLUB
APPLICATION FOR MEMBERSHIP, 2008**

(Please complete ALL sections even if this is a renewal.)

NAME: _____ GENDER: ____ AGE (as of 31/12/07): _____ Date of Birth: _____
Day/Month/Year

ADDRESS: _____
Street

City Postal Code Telephone Email

CATEGORY (see below - if Assoc name of club): _____ UCI/OCA Lic # _____

Family \$60 (+\$25 per active family member for insurance)*

Senior (18* or older)\$50 (+\$25 for insurance)*

Junior (15-17* inclusive) \$25 (+ \$25 for insurance)*

Cadet (13-14* inclusive) \$25 (+ \$25 for insurance)*

Veteran (40* or older) \$50 (+ \$25 for insurance)*

Associate \$2 (restricted priveleges - must be a member of another OCA affiliated club)

Honourary \$nil (+\$25for insurance)*

New Memberships add \$60 for each club Jersey (min 1)

Indicate Jersey Size & Quantity: S __ M __ L __ XL __ XXL __

We need Member Volunteers to help run events. Please indicate which months suit you best & # of times you can help
A M J J A S # of times in Total 1 2 3 4 5 More

***Note Insurance covers you when riding in club events. Only if you have obtained such insurance when applying for a race license or as a member of another club can we waive the \$25 fee. Age above is as at Dec 31st of prior year. Entry of your UCI License # above will confirm such coverage.**

If joining as a family, please include the following information on other family members:

NAME	DATE OF BIRTH (d/m/y)	RELATIONSHIP

SIGNATURE OF APPLICANT: _____ DATE: _____

SIGNATURE OF PARENT OR LEGAL GUARDIAN: _____ DATE: _____
(if applicant under 18 years)

By signing the above, I declare that I, _____, am not under suspension by any other athletic governing body. I will agree to abide by the rules of the Hamilton Cycling Club as stated in its constitution and rules. I agree for myself, my heirs, executors and administrators to waive any and all claims for personal injury and/or damage that I may have against the Hamilton Cycling Club including its executive officers, members or representatives for any and all injuries received while taking part in any and all activities organized, sponsored or sanctioned by the Hamilton Cycling Club.

Please make your remittance payable to The Hamilton Cycling Club and mail along with your Release, Waiver, Assumption of Risk & Indemnity form(s) (on the web) to:

Robert Zych, 578 Dunsmure Rd, Hamilton, ON L8H 1H4