



## MEMBERSHIP APPLICATION FORM

### Personal Details

Name:	
Surname:	
ID Number:	
Nationality:	
Date of Birth:	
Gender:	
Passport No.:	

### Contact Details

Email:	
Tel. Office:	
Tel. Home:	
Tel. Mobile:	
Fax Number:	
Postal Address:	
Physical Address	

### Business Details

Company:	
Job Title:	
Business Type or Industry	

Emergency Contact:		
Relationship:		
Emergency Contact Number:		
Next of Kin:		
Next of Kin Contact Number:		
Medical Practitioner Name:		
Medical Aid Name:		
Medical Aid Number:		
Allergies:		
Organ Donor: (Please tick)	Yes	No
Blood Group:		

### Cycling & Triathlon Details

CSA Licence Number:		
Cycling Discipline:(please tick)	Road	MTB
Cycling Top Size:		

Triathlon	Yes	No
TSA Licence Number:		
Tri Suit Size:		

<b>Banking Details:</b>	<b>Br Code</b>	<b>Account no.</b>
<b>Nedbank, Sandton</b>	197 005	1970 605 340

### Waiver and Indemnity

I hereby waive and abandon my rights to institute any claim or action against Club100, its officials, or members, in respect of any loss, damage, injury or death which I may sustain whilst participating in any cycling event or ride, whether informal and whether as an official or competitor, which is organised by, run by, or held under the auspices of Club100.

I furthermore indemnify Club100 against any loss which it may sustain as a result of any claim which may be made against it by any third party arising out of loss, damage, or injury caused by me whilst participating as a competitor in any cycling event or fun ride, whether formal or informal. The provisions of this waiver and indemnity shall be likewise binding upon my heirs, executors or administrators, as the case may be.

**I agree to abide by the rules and regulations of the Club as laid down from time to time.**

<b>Signed:</b>		<b>Date:</b>	
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