



SIYANQOBA CYCLING CLUB

"Cycling is our Future"

APPLICATION FOR MEMBERSHIP

New Member

Renewal Subscription

Surname..... First Name:

Date of Birth: Y M D

Gender: MALE

FEMALE

Telephone (h) Telephone (W)

Cell: Fax:

E-mail:

Postal address:

Residential Address:

CSA Register for 2010: License No.:

Name of club previously registered at if applicable:

Year in which you were register at club:

MEMBERSHIP FEES:

CATEGORY (Please tick appropriate box)	AMOUNT PAYABLE	SCHOLAR AGE GROUP (Please tick appropriate box)		CSA LICENCE (Please tick appropriate box)	
Senior	R70	U10		Elite	
Junior	R70	U12		Cyclo Sport	
Vet	R70	U14		Recreational	R20
Scholar	R50	U16			
Family (2 or more members)	R100	OVER 16			
TOTAL AMOUNT PAID		R			

By joining Siyanqoba Cycling Club, **you** hereby undertake to attend club meetings and make yourself available to assist with duties (marshalling) during Siyanqoba club races in promoting cycling in the Eastern Cape.

Signature:.....Date Y----- M-----D-----

THANK YOU FOR APPLYING FOR MEMBERSHIP WITH SIYANQOBA **CYCLING CLUB**