



## KOUGA CYCLEPATHS MEMBERSHIP APPLICATION

### APPLICATION FOR / RENEWAL OF MEMBERSHIP

New Member: ☐

Renewal: ☐

FIRST NAME		
SURNAME		
ADDRESS		
TELEPHONE	(CELL)	(H)
E-MAIL ADDRESS		
DATE OF BIRTH & ID NO.		
FAMILY MEMBER 1 NAME		
FAMILY MEMBER 2 NAME		
MINOR CHILD 1 NAME		
MINOR CHILD 2 NAME		
MINOR CHILD 3 NAME		
<b>TO QUALIFY AS A FAMILY MEMBER/MINOR CHILD, THE PERSON CONCERNED MUST LIVE AT THE SAME ADDRESS AS THE MAIN MEMBER.</b>		

I hereby agree not to hold Kouga Cyclepaths responsible for any losses incurred by me or injury suffered by me or a family member while participating in events organised by Kouga Cyclepaths.

DATE: \_\_\_\_\_

MEMBER: \_\_\_\_\_

DATE: \_\_\_\_\_

FAMILY MEMBER 1: \_\_\_\_\_

DATE: \_\_\_\_\_

FAMILY MEMBER 2: \_\_\_\_\_

#### **SUBSCRIPTIONS (ANNUAL) TO ACCOMPANY APPLICATION:**

MEMBER R350.00 + R250.00 FOR EACH FAMILY MEMBER + R50.00 FOR EACH MINOR CHILD (UNDER 18 YEARS).

#### **PLEASE DEPOSIT YOUR SUBSCRIPTION DIRECTLY INTO OUR ACCOUNT:**

KOUGA CYCLEPATHS, ABSA BANK JEFFREYS BAY, BRANCH CODE: 632005, ACCOUNT NUMBER 9350596996.

PLEASE USE YOUR NAME AND SURNAME AS REFERENCE.

A COPY OF THE DEPOSIT SLIP MUST ACCOMPANY THIS APPLICATION FORM. ALL APPLICATIONS CAN BE E-MAILED TO [info@kougacyclepaths.co.za](mailto:info@kougacyclepaths.co.za) OR HANDED TO THE CLUB SECRETARY.