



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			
TO QUALIFY AS A FAMILY MEMBER/MINOR CHILD, THE PERSON CONCERNED MUST LIVE AT THE SAME ADDRESS AS THE MAIN MEMBER.			

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 R250.00 + R200.00 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 OR HANDED TO THE CLUB SECRETARY.