

WHAKATANE MOUNTAIN BIKE CLUB

MEMBERSHIP APPLICATION FORM



The Whakatane Mountain Bike Club has been established to fulfil the following objectives:

OBJECTIVES

- Provide a club structure.
- Construct varied mountain bike riding trails.
- Obtain land access to extend riding options.
- Facilitate group rides- local & away.
- Initiate local events and races.
- Promote club activities.

By joining the club, members will have exclusive free use of the local tracks developed for club use and the opportunity to enjoy a type of riding that suits your riding style, whether it be Cross Country, Free Riding or Downhill. The club aims to cater to both competitive and social riders. Regular club rides and trips away will be organized as well as upskilling opportunities for the less experienced.

Membership Fees:

As a member you will be issued a membership tag (to be attached to your bike) as well as a club race number for club events. The membership lasts for a 12 month subscription ending 30 June each year. The membership fees are as follows:

Junior: \$15.00 (age under 19 years)	Senior: \$25.00 (age 19 years and over)	Family: \$45.00 (Two adults plus dependant children under 16 years)
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Name(s): (1) _____ (2) _____
(3) _____ (4) _____
(5) _____ (6) _____

Date of Birth/Age: (1) _____ (2) _____ (3) _____
(4) _____ (5) _____ (6) _____

Address: _____

Email: _____ (Please write clearly)

Phone: _____ Mobile: _____

Next of Kin (Not living at the same address) _____

Address: _____

Contact Phone Number: _____

Declaration: By signing this form I/We give consent to my/our contact details being available to other club members for the purpose of conducting club activities. I/We consent to sponsors sending information on products and services to me/us at the address listed. This declaration has been made in accordance with the Privacy Act 1993.

I/We release the Whakatane Mountain Bike Club Inc and members thereof and the private landowners who have permitted access to their land for Mountain Bike riding of any liability relating to death, injury or disability and/or the loss and/or damage of any equipment whilst riding or participating in club activities. I/We take full responsibility for the risks associated with the activity of Mountain Biking.

Signed Member (1): _____ **Member (2):** _____

Member (3): _____ **Member (4):** _____

Member (5): _____ **Member (6):** _____

Please send form and remittance to: The Secretary, Whakatane Mountain Bike Club, PO Box 277, Whakatane.