

# CYCLEFIT CHICKS CYCLING CLUB

## 2009 Membership Application

New membership

Renewal from 2008

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

Please make sure you read the CLUB and TEAM details, before filling in the membership application form:

**Individual Membership** Last name \_\_\_\_\_ First name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 Postal code \_\_\_\_\_ Prov \_\_\_\_\_ Birth date \_\_\_\_\_  
 Telephone \_\_\_\_\_ Day Evening \_\_\_\_\_  
 E-mail address \_\_\_\_\_  
 Emergency contact \_\_\_\_\_ Phone number \_\_\_\_\_

**JUNIOR family member \$75.00 fee - must be 13-18yrs to join-girls only** (please ensure waiver is signed by a parent)

Last name \_\_\_\_\_ First name \_\_\_\_\_ Birth date \_\_\_\_\_

**Or additional family member(s) at \$75.00 fee: 19-99yrs women only:** (please ensure waiver is signed by each)

Last name \_\_\_\_\_ First name \_\_\_\_\_ Birth date \_\_\_\_\_  
 Last name \_\_\_\_\_ First name \_\_\_\_\_ Birth date \_\_\_\_\_

**Membership fees (incl. insurance)** circle as appropriate

CLUB	\$100.00
JUNIOR members	\$75.00
Additional Member	\$75.00
Full-time student	\$75.00

TEAM \$200.00

Indicate which type of racing:

ROAD  Triathlons

**Please make your cheque or money order payable to CYCLEFIT CHICKS CYCLING Club and mail to:**

**CYCLEFIT  
 101A Main St  
 Ottawa, ON  
 K1S 2B7**

**There is a drop off box at the studio specifically for CLUB registrations. Drop-off your registration if you prefer.**

**(613) 422-8766**  
[www.cyclefit.ca](http://www.cyclefit.ca)

**\*\*Receive 10% discount if submitted by March 1, 2009.**

**Please indicate which FREE bike skills clinic you will be attending-ALL members must attend:**

Saturday, April 25 9-1  Saturday, May 2 9-1  Saturday, May 9 9-1

**Areas of interest and volunteering (please check all that apply)**

<b>Interested in</b>	Road <input type="checkbox"/>	Triathlons <input type="checkbox"/>	Networking <input type="checkbox"/>	Fun <input type="checkbox"/>	Fitness <input type="checkbox"/>	Social Events <input type="checkbox"/>
<b>Volunteer</b>	Local Triathlons <input type="checkbox"/>	Club Admin <input type="checkbox"/>	Races <input type="checkbox"/>	Clinics <input type="checkbox"/>	Group ride leader <input type="checkbox"/>	Event Coordinators <input type="checkbox"/>

**Volunteer Other: (how can you help the club?)** \_\_\_\_\_

### PRIVACY AND DATA USAGE STATEMENT/CONSENT

The CYCLEFIT CHICKS CYCLING Club (CCCC) is committed to the protection of your personal information. We recommend you review the Privacy Policy which can be found on the web site.

The personal information that you provide in this membership application is used by the CCCC to communicate with you and to facilitate your participation in club activities, including clinics, racing and group rides. Your name and address are disclosed to the Federation Quebecoise Des Sports Cyclistes (FQSC) to satisfy club affiliation and insurance requirements. Your name, gender, and age class may be published in association with your participation in any CCCC race results. Aggregate, non-personally identifying membership data may be published.

Application for CCCC membership requires that you consent to the above uses of the personal information you provide in this application form. If you are the legal guardian of the applicant and/or you are disclosing personal information of family members, you acknowledge having received their prior consent to your representations in this regard.

**I consent** to the above uses by the OBC of the personal information I have provided.

\_\_\_\_\_ (signature)

**\*\*\*Each person joining the Club must sign the waiver and send in with their application to be accepted. Download off the website \*\*\***