

CYCLEFIT CHICKS CYCLING CLUB

2010 Membership Application

New membership

Renewal from 2009

DATE: _____

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

Individual Membership Last name _____ First name _____
 Address _____ City _____
 Prov _____ Postal code _____ 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

*Receive \$30 off for return members that volunteered last summer.

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

**CYCLEFIT
 13 Bullman St
 Ottawa, ON
 K1Y 2S2**

There is a drop off box at Euro-Sports Bike Shop specifically for CLUB registrations. Drop-off your registration if you prefer.

**(613) 422-8766
www.cyclefit.ca**

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

Sunday, May 2 9-1 FULL Sunday, May 9 9-1 FULL Sunday, May 16 9-1
 Sunday, May 2 2-6 FULL Sunday, May 9 2-6 Sunday, May 16 2-6

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

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