



Evolution Cycles – Club Membership Form

Name (First/Last): _____

Address: _____

City: _____ Postal Code: _____

Phone Number: _____

Email *: _____

Date of Birth: _____ Male Female

*By providing your email address you will be circulated on club newsletter and information.

I _____ have read the club Risk Management Plan and Group Ride Etiquette and agree to adhere to the club rules and policies.

Signature of Applicant (Guardian if under 18 years)

Date

Interests:

Road Mountain Cyclo Cross Down Hill
BMX Recreational Competitive

Dues:

Single Membership	<input type="checkbox"/>	\$45.00
Single Membership with Club Jersey	<input type="checkbox"/>	\$100.00
Single Membership with OCA License	<input type="checkbox"/>	\$25.00

For Club Use Only

Waiver Completed	<input type="checkbox"/>	Dues Paid	<input type="checkbox"/>
Risk Management Provided	<input type="checkbox"/>	Group Ride Etiquette Provided	<input type="checkbox"/>
Copy of OCA License (if required)	<input type="checkbox"/>		

Cheques should be payable to "Evolution Cycles"