

**FLC Seniors Club
Old Spokes Cycling Club
MEMBERSHIP REGISTRATION**

FLC SENIORS # _____ DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

E-MAIL: _____

PHONE: _____ CELL: _____

EMERGENCY CONTACT: Name: _____

PHONE: _____ CELL: _____

CYCLING ABILITY: _____ Level 1 _____ Level 2 _____ Level 2.5 _____ Level 3

REGISTRATION FEES: \$5.00 cash PAID: _____

PERSONAL INFORMATION RELEASE: By signing this form, I give permission to the "Old Spoke Cycling Club" to produce and distribute a membership list to be used by the Club Executive only.

PHOTO RELEASE: By signing this form, I give permission to the "Old Spoke Cycling Club" to use photos that may include me – in the distance or from behind – on the Cycling website.

EXECUTIVE: Are you interested to join the Executive to guide our Club?
Would you like to volunteer as a Weekly Ride Leader?

CIRCLE one position that interests you:

Cycling Club President
Secretary
Treasurer

Membership Coordinator
Web Content Coordinator
Social Coordinator

Communications Coordinator
Weekly Ride Coordinators
Weekly Ride Leaders

RESPONSIBILITY:

- I understand that it is my responsibility to carry the **MEDICAL INFORMATION CARD** on all rides.
- I have read, signed & submitted and understand my responsibilities on the **Club Waiver and Indemnity Agreement Form**.

PRINT NAME

SIGNATURE