## GRANDE PRAIRIE WHEELERS CYCLING CLUB

## 2013 Membership Application Form

## IMPORTANT! Please Print Clearly

First Name:	Last Name:	
Address:		
City:	Prov:	Postal Code:
Phone Number:	(Home)	(Work)
Email:		
Signature:	Date:	
Cycling Interests:		
Someone to contact in case of	an emergency:	
Name:	Relationship	o:
Phone Number:		
Make	check payable to <u>Grande Prairie</u>	: Wheelers
Mail to 1.	1005-97 Street, Grande Prairie,	. AB, T8V 5B8
\$50 pe	er Year - Expires March 31	of next year
(\$40 of each membership	p goes to the Alberta Bicycle Assoc	ciation for insurance purposes)
<u>Member Waiver</u>		
Bicycle Association, any of its members, clubs, o service actions arising from any act or occurrence	r associations; The Canadian Cycle Association for	ors, do hereby release and forever discharge the Alberta any and all claims, demands, costs, expenses, loss of the injury, disability, property damage, loss of any kind by the Alberta Bicycle Association or its affiliates.
	am participating in and acknowledge the hazards or operty of others. If an injury should occur to me	of said activities and voluntarily assume the risk of e, I authorize proper treatment.
If participant is under 18 years, this form must b	e signed by his/her parent or guardian.	
To the best of my knowledge I believe the informapplicant is not correct, this application is void a	nation below is correct. I understand that if the in nd the applicant's membership will be revoked.	formation given with respect to birth date of the
Applicants Name:	Signature	2:
Birth Date:	Alberta Health Care No.	:

Date: \_\_\_\_\_\_ Parent or Guardian Signature: \_\_\_\_\_