



**APPLICATION FOR
MEMBERSHIP/MEMBERSHIP RENEWAL**

First Name:

Surname:

Street:

Suburb:

Postcode:

Local Council:

Telephone: (Home)

(Work)

Occupation: (Optional):

I agree to not hold Cycling 4 Pleasure Inc. and/or any individual members responsible for any injury, loss or damage suffered by me, as a result of my participation in a Cycling 4 Pleasure Inc. event.

Signed:

Date:

The 2002/2003 annual subscription is \$15 per household (maximum of 2 adults per household). Each person must complete an application for membership. Minors must obtain the signature of a parent or guardian.

Send your application with \$15 payment to:

Cycling 4 Pleasure, PO Box 883, Victoria Park WA 6979