MORRINSVILLE WHEELERS CYCLING CLUB INC (the "Club") ANNUAL SUBSCRIPTION 2022/2023

Name: Da	ate of Birth:
Address	
Phone Mobile: Pho	hone Home
Email:	
Emergency Contact: Pho	none:
Grade	
MEMBERSHIP BENEFITS	
All Morrinsville Wheelers Club Only events eg: Twilight Series, Saturday club events (no entry to other Clubs or Open events). This club license can be upgraded to a National License subject to CNZ fees.	
INDEMNITY DECLARATION	
In consideration of the acceptance of my membership I hereby for myself, executors, administrators, and assignees indemnify and release the Club and all persons involved in the conduct of the Club from all claims of damages or actions whatsoever in any manner arising out of my participation in the Club and Club Events.	
that I am sufficiently fit to ride in Club events & rides sa	ed in participating in Club Events, Rides & Activities. I further undertake safely and that my bicycle and other equipment used in Club events & rides knowledge that I have received, and agree to abide by, the Club's "Health olicy available at registration of each event).
PRIVACY ACT	
I consent to the above details being collected by the Cl Members. I acknowledge that under the Privacy Act 19 information held by the Club.	Club for the purpose of compiling the Club's membership records. 993 I have the right of access to, and correction of my personal
My subscription of \$50 is enclosed or Direct Credit to: 03-0371-0108862-025	
Please scan and email completed form to morrinsvillewheelers@gmail.com	
Signature:Date:	
snip	
MWCC Membership Card 2022/2023	Emergency Contacts:
Name	Name
	Phone
Address	
Essimates	Allergies or Known Medical Conditions:
Expiry date	
Signed MWCC	