

AHMEDABAD BICYCLING CLUB – MEMBERSHIP FORM

Complete a separate membership form for each member. Write in Capital



Section A. Check the reason for submitting this membership form

New Membership Membership Renewal Member Information Change Other

Section B. Contact Information. Please be as complete as possible (* = must field)

PLEASE ATTACH A PASSPORT SIZE COLOUR PHOTOGRAPH WITH THE FORM (write your name on the back)

Last Name* First Name* Middle Name

Permanent Address* Area / City / Pincode*

_____/_____/_____
DOB (dd/mm/yy)* Email (one only)* Mobile Number*

Home Landline (with STD Code) Work Landline (with STD Code) Current Occupation

Section C. Medical and Personal Information (* = must field)

Blood Group*

Person to contact in case of emergency* Mobile / Landline (with STD Code)*

Medical conditions (if any)*

Section D. Membership Information

Membership Applied for: Ordinary Member Life Member Institutional Member Event Member

Name of event (if applicable) T-shirt size (S / M / L / XL)

1. _____ 2. _____ 3. _____
Choice of user ID for website (upto 10 characters, give 3 options) Preferred name to be printed on T-shirt

Section E. For members below 18 years of age

Full name of Father / Mother / Legal Guardian & Relationship Mobile / Landline (with STD Code)

Full permanent address of Legal Guardian

I permit my son/daughter/ward to be a member of ABC.

Signature of the legal guardian

**Forms collected at – Restore Clinic, Nr. Old Sharda Mandir, Nr. Jalaram Rly Crossing, Paldi, Ahmedabad
10am – 5pm (Monday to Saturday)**

Section F. References (please give references of two existing ABC members)

Proposer _____ Membership No. _____ Signature _____

Seconder _____ Membership No. _____ Signature _____

Section G. Payment

Membership	Ordinary	Ordinary (<18)	Institutional	Event
Enrolment	1000	500	10000	100
Yearly Subscription	1000	500	5000	-

Mode of payment	<input type="checkbox"/> Cheque	<input type="checkbox"/> Cash	<input type="checkbox"/> Net Transfer	<input type="checkbox"/> Demand Draft
Payment instrument number / Transaction ID				
Amount				
Date				
Bank drawn on				

Cheque / DD to be payable to "Ahmedabad Bicycling Club" at Ahmedabad.

Section H. Waiver, Release and Indemnity**

I understand and agree that my participation in events, programs, races or activities organised, operated, conducted and/or sanctioned by the Ahmedabad Bicycling Club is conditional upon my execution of this document.

I understand that the Ahmedabad Bicycling Club takes no responsibility and would not be liable for any consequence to me resulting from participation in the activities of the Ahmedabad Bicycling Club and by voluntarily participating in the same; I assume full responsibility for any consequence whatsoever.

I am fully aware that the activities of the Ahmedabad Bicycling Club demand physical endurance and skill and I declare that I am medically fit and otherwise competent to undertake the same.

I understand that all applicable rules for participation must be followed and that **SOLE RESPONSIBILITY FOR MY PERSONAL SAFETY REMAINS WITH ME**, including my physical and emotional preparation and fitness to participate in all events and programs throughout the year

Date (dd/mm/yy) _____ Name _____ Signature _____

Section I. Office Use Only

Application Month	1	2	3	4	5	6	7	8	9	10	11	12
Payment Received by												
Receipt No. / Date												
Membership Approved on												
Membership Number												
User ID allotted												

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