



## 2020 Cycling Southland Family Membership

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Primary)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

(please note all listed above must reside at the same address to qualify for family membership)

Address \_\_\_\_\_  
\_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

### DECLARATION:

I, the person who has applied to Cycling Southland for a Membership and to become a member of my Member Organisation:

1. Declare that:

- (a) I am not aware of any reason why I should not be issued with the family membership requested.

2. Undertake to:

- (a) Ensure we all comply with the constitutions, regulations, policies, manuals, guidelines and reasonable directions of Cycling Southland Incorporated.  
(b) participate in cycling competitions and events in a fair and sporting manner;

Signature \_\_\_\_\_ Date \_\_\_\_\_

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### Office Use only

Balance to pay \$ \_\_\_\_\_ Date Paid \_\_\_\_\_