



*2011 West of Quebec Wheelers*

Membership Application Form

Please complete all sections

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_

Membership type:

Returning (\$75)

New Member (\$100)

Family - 2 or more (\$125)

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone: \_\_\_\_\_

ALL INFORMATION ON THIS FORM MUST BE COMPLETED

Please complete the attached Canadian Cycling Association / Ontario Cycling Association insurance waiver and submit it with this form.

NOT INCLUDING THE INSURANCE FORM WILL RESULT IN MEMBERSHIP NOT BEING APPROVED.