

# Women's Cycling Club Membership Application

Full Name

Date of Birth

Email Address

Phone Number

Address

Cycling Experience

Years of Cycling Experience

Cycling Level

Preferred Ride Types

☐

Road Cycling

☐

Mountain Biking

☐

Commuting

☐

Touring

☐

Other

Why do you want to join the club?

Medical Conditions (if any)

Emergency Contact

Contact Name

Contact Phone

Relationship

Agreement

☐

I agree to abide by the club rules and safety guidelines.