

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 Ordinary ☐ New Membership Institutional ☐ Membership Renewal ☐ Member Information Change ☐ Other

Section B. Contact Information. Please be as complete as possible (* signifies mandatory value)

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 (* signifies mandatory value)

_____ Blood Group*	
_____ Person to contact in case of emergency*	_____ Mobile / Landline (with STD Code)*
_____ Medical conditions (if any)*	

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

Proposer _____ Membership No. _____ Signature _____

Seconder _____ Membership No. _____ Signature _____

Section F. Payment (Rupees)

Membership	Ordinary	Ordinary (<18)	Institutional
Enrolment	1250	NIL (upto 23 Years)	10000
Yearly Subscription	1250	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 G. 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 H. 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												

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