

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 – Any Crossword Bookstore in Ahmedabad and Restore Clinic, Nr. Old Sharda Mandir, Nr. Jalaram Rly Crossing Paldi, Ahmedabad 10am – 5pm (Monday to Saturday)

Correspondence: c/o Fracture and Orthopedic Hospital, Nr. Old Sharda Mandir, Netaji Marg, Ellisbridge, Ahmedabad – 380006
info@abcl.org.in | race@abcl.org.in | www.abcl.org.in

2014/1.2

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	500	250	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
Payment Received by											
Receipt No. / Date											
Membership Approved on											
Membership Number											
User ID allotted											

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