

Please indicate the number and type of membership

Num	Membership Type	Cost	Amount
	Adult, with insurance through OSCC	\$30	
	Junior (under 19)	\$25	
	Family (spouse or children any age) of three	\$70	
	Family of four	\$85	
	Family of five	\$100	
	OCA/UCI insured elsewhere (proof required)	\$5	
		Total	

2010 Owen Sound Cycling Club Membership Application Form

Last Name: _____

First Name: _____

Mailing Address: _____

Postal Code: _____

Telephone: _____

Email Address: _____

(PLEASE PRINT CLEARLY.)

Members' Age Groups:

Under 14 15 to 18 19 to 34 35 to 49 50 to 64 65 +

Helmet Rule

I understand that an approved cycling helmet must be worn during all club rides.

Signature: _____

Important Waiver (Please read and sign)

Included with this membership is a waiver form.

- The Insurance Waiver Form must also be filled out and signed by each member.

Under Age 14 Owen Sound Cycling Club Policy

It is the policy of the Owen Sound Cycling Club that individuals under the age of 14 must be accompanied at club rides or events by a parent or guardian.

I acknowledge that I have read the above and understand my commitment.

Signature of Parent/Guardian: _____ Date: _____

Please make cheques payable to the **Owen Sound Cycling Club** and send them, with completed forms to:

**Fred Zottl
283 6TH AVE WEST
OWEN SOUND ON N4K 6H9**