MANUKAU VETERANS CYCLING CLUB INC (the "Club") ANNUAL SUBSCRIPTION 2024

Name:Address	
Car Registration:	
E-mail:	
Member Since	. E-mail newsletter: Yes No
All information supplied will be included in the Club	membership list and circulated to financial members.
assignees indemnify and release the Club and all pers	ip I hereby for myself, executors, administrators and sons involved in the conduct of the Club from all claims ng out of my participation in the Club and Club Events.
further undertake that I am sufficiently fit to ride in Clu equipment used in Club events & rides will be in good	ed in participating in Club Events, Rides & Activities. I ub events & rides safely and that my bicycle and other d working order and condition. I have read and agree es at https://cycleclub.co.nz/conduct/ I agree that the
Tick here if wish to volunteer for Ride Manager	Duty for the coming year.
PRIVACY ACT I consent to the above details being collected by the Club for the purpose of compiling the Club's membership records and disclosing those details to any sponsor of the Club and to all other Club Members. I acknowledge that under the Privacy Act 1993 I have the right of access to and correction of my personal information held by the Club.	
I have paid my subscription of \$ 30 (\$ 25 if 70+ years old) into bank account 12-3233-0499889-00 Please complete and return this form to manukauvets@gmail.com	
Signature:	. Date:
You can print and laminate the below to carry with you as ID when out riding.	
Manukau Veterans Cycle Club Membership Card	Emergency Contact:
Name:	Name:
Address:	Phone:
7.443.555	Allergies or Known Medical Conditions:
Expiry 2	
31/03/25	