

MEMBERSHIP FORM

Last Name: _____ First Name: _____

Address: _____ Town/City: _____

Postal Code: _____ - _____

Email: _____

Home Phone Number: _____ - _____ - _____ Cell Phone Number: _____ - _____ - _____

Individuals under the age of 18 must have a parent/guardian co-sign

MEMBERSHIP TYPE

☐ SINGLE: \$45.00 ☐ FAMILY: \$70.00 ☐ Membership start date: _____ / _____ / _____
MONTH DAY YEAR

PAID BY: ☐ cash ☐ cheque ☐ credit ☐ subsidized

TO BE COMPLETED BY ADMINISTRATION

Date Entered: _____ / _____ / _____
MONTH DAY YEAR Initial: _____

COLLECTION OF PERSONAL INFORMATION

I hereby consent to Cycle Transition's collection of and/or possession of the personal information in this form as well as any personal information which I have previously provided to Cycle Transitions. I hereby consent to Cycle Transition's use of this personal information from time to time to advise me of activities and meetings of Cycle Transitions, to contact an appropriate person in the event of an emergency or accident affecting me and to apply and enforce any By-Laws of Cycle Transitions and follow the Safety Rules of Cycle Transitions. By execution of this application for membership, I hereby consent to these uses and disclosures of my personal information.

SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE (for people under 18 years of age)

Bring this membership form and your payment to Cycle Transitions during Shop hours (see website)