

2010 CLUB APPLICATION FORM

Club Contact Information

Club Name:

Contact Name:

Contact Email:

Contact Phone: ()

Website:

Club Colours

Club Jersey Colours:

Club Jersey Design: Please enclose a photograph or sketch of your team jersey if your club is affiliating for the first time

Main Club Sponsors: (if applicable)

Club Type

Road

Track

MTB

Cyclo-Cross

DH/4H

BMX

Touring

Trail Access

Club President

Name:

Mailing Address:

City:

Postal Code:

Home Number: ()

Alt Phone: ()

Fax: ()

Email:

Club Treasurer /Track Operator

Name:

Mailing Address:

City:

Postal Code:

Home Phone: ()

Alt Phone: ()

Fax: ()

Email:

Registration Fees

Club Affiliation Fee: \$120*

Commissaire Recruitment Bond: \$

Outstanding 2009 Invoice: \$

Total Owing: \$

*Insurance Fee \$35/Member (excludes BMX)

Please send an updated current club member list to

info@albertabicycle.ab.ca

Payment:

Visa/MC:

Cheque:

Cash (in office):

*Cheques to be made payable to Alberta Bicycle Association

***Payment and Registration are also available online at

www.karelo.com

VISA/MC Number:

Expiry Date:

Name as it appears on Card:

Cardholder's Signature:

Declaration

On Acceptance as a club of both the provincial cycling association and Canadian Cycling Association, the applicant agrees to abide by the rules, regulations and procedures of the Alberta Bicycle Association and Canadian Cycling Association. I agree to submit all names of members of the club and have each member sign the ABA insurance waiver. I agree to pay the insurance for each of these members.

Club President Signature: _____ **Date:** _____