

MEMBERSHIP FORM



FULL NAME: _____

FULL RESIDENTIAL AND POSTAL ADDRESS: _____

HOME PHONE # : _____

CELL PHONE #: _____

WORK PHONE #: _____

E-MAIL ADDRESS: _____

DATE OF BIRTH: _____

DISCLAIMER:

I WILL, WHEN EVER TAKING PART WITH, OR REPRESENTING THE CLUB AT ANY EVENT, OR OTHER WISE, ADHERE TO ALL THE RULES OF GRAVITY CANTERBURY DOWNHILL & FREERIDE MTB CLUB.

SIGNED: _____

DATE: _____

PAY: \$20

PLEASE POST CHEQUE (payable to: GRAVITY CANTERBURY) TO:
GRAVITY CANTERBURY; PO BOX 13914; Armagh St; Christchurch.

ANY QUERIES:- EMAIL: membership@gravitycanterbury.org