

2009 MEMBERSHIP FORM



FULL NAME: _____

POSTAL ADDRESS: _____

HOME PHONE No.: _____

CELL PHONE No.: _____

E-MAIL ADDRESS: _____

DATE OF BIRTH: ____/____/____

UNDER 18's please have the Parental Consent Form completed (page 2) or membership will be void.

PARENTS E-MAIL ADDRESS: _____

DISCLAIMER:

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

SIGNED: _____ Prospective member.

DATE: _____

VOLUNTEER HELP: To be completed by prospective member, parent or guardian.

I _____ CAN HELP WITH:

GENERAL -	TRACK BUILDING	<input type="checkbox"/>
RACE DAY -	MARSHALING	<input type="checkbox"/>
	VAN DRIVER	<input type="checkbox"/>
	REGISTRATION	<input type="checkbox"/>
	POST RACE BBQ	<input type="checkbox"/>
	FIRST AID	<input type="checkbox"/>

CONTACT E-MAIL: _____

PAY: **\$35** Includes a \$10 track levy.

Payment method. On-line payments to: 123147-0118357-00
Surname plus date of birth as reference number.
 Cheques payable to: GRAVITY CANTERBURY

Send form (and cheque if applicable) to:
GRAVITY CANTERBURY; PO BOX 13914; Armagh St; Christchurch.

Any Queries:- EMAIL: membership@gravitycanterbury.org