



www.reservoircogs.ie

Membership Form

Use this form for first-time membership application or renewals. **USE BLOCK CAPS.**
*Use same email address that you use for Cycling Ireland

Personal Details													
First Name													
Surname													
Address													
E-mail*													
Mobile													
Telephone													
Date of Birth		D	D	M	M	Y	Y	Y	Y				
Gender	M <input type="checkbox"/> F <input type="checkbox"/>												

ICE (In Case of Emergency)												
Contact First Name												
Contact Surname												
Telephone Number												

Membership	YEAR:
Club	Adult <input type="checkbox"/> Under 18 <input type="checkbox"/> Members U18 years require parental consent.
Cycling Ireland Licence Number <i>All members must have an up-to-date CI licence, available from www.cyclingireland.ie</i>	
Club Fee (Check club notices for fees)	€

I hereby apply to become a member of Reservoir Cogs Cycling Club and hereby undertake to abide by all the rules of the club, to know and adhere to all the rules of the road and abide by all decisions of the executive committee.

I UNDERSTAND AND ACCEPT THAT, BECAUSE OF THE POSSIBILITY OF ACCIDENTS AND MISHAPS AT SPEED, THERE EXISTS A POSSIBILITY OF SERIOUS PHYSICAL INJURY AND DAMAGE TO PROPERTY OCCURRING and I undertake to indemnify Reservoir Cogs Cycling Club, its committee, members and agents from liability for personal injury and loss of any kind whatsoever and from liability for any loss or damage to property, which I may at any time sustain.

Signed		Date	
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Complete forms should be scanned and emailed to:
info@reservoircogs.ie