



# BENT KRANKS MTBERS Inc

## MEMBERSHIP APPLICATION/RENEWAL

<input type="checkbox"/> <b>New Membership</b> <input type="checkbox"/> <b>Renewing Membership</b> (please tick)	
Surname:	Given Name:
Address:	
Post code:	
Phone (home):	Phone (work):
Mobile:	E-mail:
I prefer <input type="checkbox"/> e-mail correspondence <input type="checkbox"/> postal correspondence    (please tick)	

<b>Member Category</b> <input type="checkbox"/> <b>Off-road (Mountain Bike)</b> <input type="checkbox"/> <b>Bike Paths</b> (please tick)	
Bent Kranks MTBERS Incorporated Membership Type:	(tick boxes)
Annual full membership fee	<input type="checkbox"/> \$20.00
Annual concession membership fee (un-waged/full-time student)* <small>*Photocopy proof of concession must be sent with application</small>	<input type="checkbox"/> \$15.00
Total amount enclosed:	\$
Please return this form with cheque or money order enclosed, payable to <b>Bent Kranks Incorporated</b> . Post to: <b>Bent Kranks Membership, P.O. Box 775 Northcote, 3070.</b> If you prefer to pay cash, please hand form and money to the ride leader at any ride you attend.	

<b>Declaration</b>
<p>I hereby acknowledge that I am aware of the risks and hazards to persons/property inherent in this activity and certify that I am medically fit and able to take part in the events/rides. I understand that helmets are mandatory and I agree to wear a current Australian Standards Approved helmet on all rides. I hereby release, exempt and indemnify the organisers, sponsors and all other persons involved in any way from all liability whether in negligence or otherwise which may arise in connection with the participation of myself in any Bent Kranks MTBERS activities. It is advisable to become a member of Bicycle Victoria for personal insurance and public liability.</p>
I have read and understood the declaration.
Print Name: _____ Signed: _____ Date: _____
If you are under 18 years of age, this application must be signed by your parent or guardian.
Print Name: _____ Signed: _____ Date: _____
Relationship to applicant: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian

<b>Certification of Membership</b> (office use only)
_____ has been accepted by Bent Kranks Incorporated as a member. <small>(Name of Applicant)</small>
Membership Secretary Signature: _____ Date: _____ Amount Paid: \$ _____
<small>Please note that membership can take up to 28 days to process.</small>