

BAYWEST Bicycle Users Group

Membership Details

Name _____ Date: _____

Name of other family members (for family membership)

Contact details

email _____

Postal address _____

Postcode: _____

Phone _____ Mobile: _____

Emergency Contact Details

Contact name: _____

Phone Number: _____

Cycling interests

Riding Interest

- Social rides
- Commuting to work
- Road riding
- Mountain biking

Group Interest

- Advertising/Marketing
- Marketing and communication
- Fundraising
- Advocacy

How did you hear about this group? (please circle)

- Local paper Local bike shop BV "In the Loop" Other

Are you happy for your contact details to be circulated to the group?

- Yes No

Membership Type (price per year)

- Single: \$20 Family: \$40 Health Care Card Bearer: \$15

Please bring this completed

form along

to a meeting or ride!

Office Use:
C.O.M. Approval: _____
Membership Number: _____

Created May 2007