CLONMEL cycling club



Membership Application Form

Name:	
Address:	
Date of Birth:	
Telephone:	
Email:	
Guardian Name:	
rules of the road and abide by all the decisions of accidents and mishaps occurring at speed, there therefore agree to indemnify Clonmel Cycling Club	ct details as clearly as possible.) ub and I hereby undertake to abide by all rules of the club, to know and adhere to the f the executive committee. I understand and accept that because of the possibility of exists a possibility of serious physical injury and damage to property occurring and I b, its committee, members and agents from liability for personal injury or loss Of any amage to property which I may, at any time, sustain.
Signature:	Guardian
Date:	Signature:
	Date:
Membership Fees 2023	
If the applicant is under 18 years of age, the above I/we being the parent/parents/legal guardian of t	r 18 €10.00 e section must be completed and signed by a Guardian/Parent the applicant, having read and understood the above declaration, agree to alf and give my/our consent for the applicant to participate in the activities
RECEIPT OF PAYI	MENT 2023 Clonmel CC Membership
Received From Payment Received by (Committee Member Name (€ Euros for 2023 Club Membership

Paid with Thanks Balance Due €