



**MEMBERSHIP APPLICATION  
INDIVIDUAL - \$20.00 FOR 12 MONTHS**

*Return form to: PO Box 5236 Cairns. Qld 4870*

Surname ..... First Name .....  
Email Address .....  
Address .....  
Phone (Home) ..... (Work) ..... (Mobile).....  
Postal Address .....  
Suburb/Town ..... Postcode.....  
Date of Birth ...../...../..... Male / Female ..... QCA / MTBA Licence # .....  
Your Interests : Downhill / Cross Country / Social Rides / MTX / Other .....  
Occupation: .....

**Declaration :** I agree that whilst engaged in any activities of the Cairns Mountain Bike Club Inc. I do so at my own risk. I, whose signature appears on this application form in consideration of and as a condition of acceptance of my application, for myself my heirs executors and administrators, hereby waive all and any claim whatsoever which I or they might otherwise have arising out of loss of life or injury, damage or loss of any description whatsoever which I may sustain in the course of my membership with the club.

**Signature:** (Parent/guardian to print name and sign if applicant is under 18)

.....Date .....

**Office Use Only**  
Membership Number: \_\_\_\_\_ Fees Paid: \$ \_\_\_\_\_  
Date Membership Issued: \_\_\_\_\_ Signature of Secretary: \_\_\_\_\_

**Certification by Club Secretary:** I certify that the applicant has been accepted by my club as a member and that proof of the applicant's date of birth has been sighted.  
Club Secretary \_\_\_\_\_ Date \_\_\_\_\_

**CAIRNS MOUNTAIN BIKE CLUB MEMBERSHIP RECEIPT** *This receipt is the only receipt that will be recognised for the purpose of membership to the Cairns Mountain Bike Club. Membership is valid for 12 months from the date of issue*  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount Paid: \_\_\_\_\_  
Club: \_\_\_\_\_ Category: \_\_\_\_\_ Date of Issue: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Signed by Club Secretary/Representative : \_\_\_\_\_