

**Member Registration Form**

**Personal Details**

Name:

Surname:

ID Number:

Nationality:

Date of Birth:

Gender:

Passport Number:

**Contact Details**

Email:

Tel. Office:

Tel. Home:

Tel. Mobile:

Fax

Postal Address:

Postal Code:

**Cycling Details**

CSA Licence Number:

Cycling Discipline (please tick): Road MTB

Shirt size:

**Medical Details**

Emergency Contact Name:

Emergency Contact Relationship:

Emergency Contact Phone Number:

Emergency Next of Kin Name:

Emergency Next of Kin Phone Number:

Emergency Medical Practitioner Name:

Medical Aid Name:

Medical Aid Member Number:

Allergies:

Organ Donor: Yes No

Blood Group:

Business Details

Company:

Job Title:

Business Type or Industry:

**Banking Details: Club100 CPT, Nedbank cheque, A/C number 114 637 3775, Branch Code 104 609**

**Ref: YOUR NAME**