CSA Affiliated
P O Box 579 SABIE 1260
Enquiries: Sandy 013 764 3500 / 082 410 8094 pinocchio@lantic.net

The Leading Cycling Club in the Lowveld gives you:

FREE CLUB CYCLE SHIRT!

WEEKLY NEWSLETTER VIA E MAIL!

WEEKLY SMS INVITATION TO SOCIAL AND TRAINING RIDES!

ASSISTANCE WITH TRAINING TIPS, TECHNICAL AND RIDING ADVICE!

AWSOME DISCOUNTS AT MANKELE MOUNTAIN BIKING & VALENCIA WHOLESALERS

THE BEST TRAIL RIDING IN THE PROVINCE!

CYCLING FOR THE WHOLE FAMILY!

Membership Application Form 2018

Surname: _____ **DOB:** _____

Name: _____ **Gender:** _____

ID no: _____

Postal address: _____

_____ **Postal code:** _____

Residential address: _____

_____

Contact details:

Tel H/W _____ Cell _____

Email address _____

Mountain Biker Y/N _____ Road Cyclist Y/N _____ Both Y/N _____

Membership fees: R 550 per annum _____

Additional family members and Junior riders: R 150 per annum _____
(each family member to complete form, sign indemnity and attach to main member form.)

Banking details: Lowveld Chain Gang Standard Bank Branch # **053152** Acc no # **030392004**

CSA Licence application
To apply for a licence go to www.cyclingsa.com and register

Club kit: FREE
Please mark your preference and size

Cycling jerseys: Mens _____ Women _____ Other size (kids or +3X L) _____

Size: XS S M L XL 2XL 3XL

Total amount payable: R _____

I/ We, the undersigned, accept and agree that neither Lowveld Chaingang, nor the organisers, officials, landowners, sponsors, spectators, fellow competitors and or riders, local or provincial authorities shall be held liable, under any circumstances, for any injury or damage that I/ we may suffer during, in connection with, or as a result of my/ our participation in any cycling event organised under the auspices of Lowveld Chaingang. I/ We also agree to abide by the rules of the events, and ride in a manner which is safe to my/ ourself and others.
I/ We also declare that the cycle that I/ we will ride in the events is in good working order and properly maintained.

Signed: (under 18 - Parent/Guardian) _____ Date: _____