

# Member Registration Form

## Personal Details

Name	
Surname	
ID / Passport Number	
Nationality	
Date of Birth	
Gender	

## Contact Details

Email	
Tel. Home	
Tel. Office	
Tel. Mobile	
Postal Address	
Postal Code	

## Cycling Details

CSA Licence Number												
Cycling Discipline	Road		MTB		Gravel							
Shirt Size	XS		S		M		L		XL		2XL	

## 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												
Blood Group												
Organ Donor	Yes		No									

## Business Details

Company											
Job Title											
Business Type/Industry											

Please forward your completed membership application form to [info@club100capetown.co.za](mailto:info@club100capetown.co.za) .  
Once the committee have reviewed your application, they will respond via email.