



Chain Gang Cycle Club
P. O. Box, 05 1776
GHANA.
Tel: +233 244 104 977
Web:
www.chaingangghana.com

MEMBERSHIP APPLICATION FORM

Personal Details of Cyclist

FULL Name _____

Date of birth _____

Address (postal & residential) _____

Email (optional) _____

Telephone _____ Mobile _____

Level of fitness (optional) (poor/average/good/very good) _____

Please list any health conditions _____

Emergency contact name & relation
Address & telephone no. _____

Introduced by _____

I accept that **CHAINGANG** mountain biking club will be keeping the above information about me in connection with membership of the club. I give explicit consent to the holding of this information, and its use in connection with the administration of the club – this will include membership management and communications. Any of the information provided will not be passed to any third parties outside the club committee without your consent. I also promise to abide by conditions outlined in the club constitution. Additionally I acknowledge that any false information provide on this form by me shall render my application null and void.

Signed: _____ Date: _____

The lifetime membership joining fee is **GHC300, 000.00**. The monthly membership fee is **GHC50, 000.00**. Please return your signed application form completed with membership joining and/or monthly fee and one (1) passport size photo to the **CHAINGANG** biking club.

NB: please provide proof of ownership of your bike or if borrowed, written consent from the owner.