

NANAIMO MOUNTAIN BIKE CLUB – MEMBER IDENTIFICATION

NAME : _____

ADDRESS : _____ **PC :** _____

PHONE NUMBER: HOME : _____

BUSINESS : _____

EMAIL ADDRESS : _____

BIRTH DATE : _____ (DAY/MONTH/YEAR)

NAME AND ADDRESS OF NEXT OF KIN IN THE CASE OF AN EMERGENCY : _____

PHONE NUMBER : _____

OPTIONAL INFORMATION

BUSINESS NAME : _____

TYPE OF BUSINESS : _____

PHONE NUMBER : _____

CELL PHONE NUMBER : _____

All members must sign a release waiver! See the Membership page on our website:

<http://www.nanaimomountainbikeclub.com>

Please return completed forms to: Janet Oxler (756-7897) or any bike club director at any group ride.