



Ganaraska Freewheelers (GFW) Cycling Club 2025 Membership Application Form

Name: _____ Date of Birth (optional): _____

Address: _____

Cell: _____ Other Phone: _____ Email: _____

YES, I would like to apply for membership in the GFW!

- | | | | |
|---|------|--|------|
| <input type="checkbox"/> Full Season Adult Membership | \$50 | <input type="checkbox"/> Honorary 80 th Birthday Year | Free |
| <input type="checkbox"/> Full Season Junior Membership | \$50 | <input type="checkbox"/> Social Membership | \$25 |
| <input type="checkbox"/> Half Season Membership (Joining after Aug. 24) | \$25 | | |

Collection of Above Personal Information

I hereby consent to the Ganaraska Freewheelers Cycling Club's collection and/or possession of all personal information set out in this application form, as well as any personal information that I may have previously provided to the GFW. I hereby consent to the GFW's use of this personal information from time to time to: 1) advise me of activities and meetings of the GFW; 2) contact an appropriate person in the event of an emergency or accident affecting me; 3) apply and enforce any by-laws of the GFW. By my execution of this application for membership, I also consent to share contact details with members on our password-protected website.

Applicant's Signature _____

Date _____

My signature below acknowledges that **I have read and that I understand the Ganaraska Freewheelers' Risk Management Policies, Club By-Laws, and Member Expectations**, and that **I agree to abide by these policies** whenever I participate in Club rides or activities.

Furthermore, I understand that in order to ensure the continued success of our Club, I am expected to organize at least one activity (Friday ride, Tuesday ride or other) during the 2024 cycling season and participate in at least three rides.

Signature _____

Date _____

Please submit your completed membership and waiver forms at the 2024 Annual General Meeting. If you are not able to attend, please arrange to drop it off with one of your 2025 Executive Members.

OFFICE USE ONLY Payment Received Date: _____

Initials: _____

☐ Cash ☐ Cheque

Waiver Reviewed Date: _____

Initials: _____

Website Updated Date: _____

Initials: _____