

**KW Cycle Sport Association (KWCSA)**

**Date:** \_\_\_\_\_.

**2017 Membership Application and Renewal**

**Memberships expire December 31**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone Number (with Area Code) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Type of application:

Associate Member <input type="checkbox"/>	Probationary Member <input type="checkbox"/>	Full Member Renewal <input type="checkbox"/>
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Any membership includes a spouse or significant other, plus dependent children under the age of 21. Please indicate the names of these additional family members:

Spouse/Significant Other: \_\_\_\_\_

Child: \_\_\_\_\_

Child: \_\_\_\_\_

Child: \_\_\_\_\_

Our primary means of communication is through e-mail correspondence. Once your membership is processed your e-mail address will be added to an e-mail distribution list. At this time you will receive an e-mail notification and will have the opportunity to opt-out of the distribution list, if you wish to do so. In addition to this, a Membership Contact List will be created for distribution to club members. Please indicate what information you wish to have included:

Phone number  As above, or: \_\_\_\_\_

E-mail address  As above, or: \_\_\_\_\_

**PLEASE NOTE:** By signing below you are indicating you have read the Membership Requirements and Rules and Regulations, and understand that all members must sign a Waiver of Liability each year to participate in KWCSA functions. Applicants under the age of 18, including those in a Family Membership, must have a parent or legal guardian sign a Minor Release Form.

Bring completed Application and payment to a meeting or mail to:  
Membership - KWCSA  
101 Devonglen Drive  
Kitchener ON N2E 1Z7

**PLEASE READ AND SIGN WAIVER OF LIABILITY.**

Signature of (Primary) Applicant: \_\_\_\_\_.

**KWCSA Membership Fees:**

**Select Type of Membership:**

Associate Membership  
(Probationary or Regular) **\$30.**

Full Membership  
(Probationary or Regular) **\$200.**

Work Day/Meeting Buyout Option  
 (\$200 if selected) \$ \_\_\_\_\_

**Total Membership Fees:**  
\$ \_\_\_\_\_

**Payment Information:**

Paid through the OFTR  
(subtract \$30 if applicable) \$ \_\_\_\_\_

Lifetime Member benefits  
(subtract \$30 if applicable) \$ \_\_\_\_\_

**Balance:** \$ \_\_\_\_\_

**Paid by:**  
  Cash Cheque

**Received by:**  
\_\_\_\_\_