

**BAYWEST Bicycle Users Group  
Membership Details**

**1. Name** \_\_\_\_\_

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

**Name of other family members (for family membership)**

\_\_\_\_\_  
\_\_\_\_\_

**2. Contact details**

email \_\_\_\_\_

postal address \_\_\_\_\_

postcode \_\_\_\_\_

phone \_\_\_\_\_

mobile \_\_\_\_\_

**3. Emergency Contact Details**

**Name:** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_

**4. Cycling interests**

**Riding Interest Group Interest**

- |  |  |
|--|--|
| <input type="checkbox"/> Social rides      | <input type="checkbox"/> Advertising/Marketing/Communication |
| <input type="checkbox"/> Commuting to work | <input type="checkbox"/> Marketing and communication         |
| <input type="checkbox"/> Road riding       | <input type="checkbox"/> Fundraising                         |
| <input type="checkbox"/> Mountain biking   | <input type="checkbox"/> Advocacy                            |

**5. How did you hear about this group? (please circle)**

- Local paper    Local bike shop    BV "In the Loop"    Other \_\_\_\_\_

**6. Are you happy for your contact details to be circulated to the group?**

- Yes    No

**7. Membership Type (price per year)**

- Single: \$20    Family: \$40    Health Care Card Bearer: \$15

**Please return completed form to:**

Secretary, BayWest BUG

330 Queen Street  
Altona Meadows  
Vic 3028

**Office Use:**

C.O.M. Approval: \_\_\_\_\_

Added to email list: \_\_\_\_\_ By: \_\_\_\_\_

Membership Number: \_\_\_\_\_

*Created April 2008*