

# ← ARROWSMITH

## MOUNTAIN BIKE CLUB

### MEMBERSHIP INFORMATION

Male:  Female:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

BC Medical Services Plan/Care Card Number: \_\_\_\_\_

Email: \_\_\_\_\_ Date Joined: \_\_\_\_\_

### Guardian Information:

Guardian: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

### Medical Information:

Emergency Contact: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Comments/Suggestions/Ideas:

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