

**CLUB AFFILIATION TO DISTRICT
APPLICATION / RENEWAL FORM**

Districts withing East Cape Cycling

SECTION A CLUB DETAILS

Name of Organisation:		
Cycling Discipline: e.g., Road, MTB, BMX etc.		
Resident Town of Organisation:		
Mission / Objectives of Organisation:		
Chairperson Details		Vice Chairperson Details (if applicable)
Name & Surname		Name & Surname
Cell Number		Cell Number
Email		Email
Secretary Details		Treasurer Details
Name & Surname		Name & Surname
Cell Number		Cell Number
Email		Email
Documentation required to be included with application		
Constitution attached?	Yes	No
Latest AGM Minutes attached?	Yes	No

SECTION B ACKNOWLEDGEMENT

We _____ undertake to abide and comply with the East Cape Cycling Constitution and the Constitution of the District that we reside in, in respect to interaction and compliance to national, provincial, district and all cycling related rules and regulations.

Full Name: _____ Signature: _____ Date _____

For Office use:

Constitution in order	<input type="checkbox"/>	Minutes in order	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
District Decision:	Approved			Rejected			
Signature Administration:				Date:			