

JAMAICA CYCLING FEDERATION

CLUB/TEAM APPLICATION FORM 2010

NEW MEMBERSHIP RENEWING MEMBERSHIP

Please print in BLOCK letters

MEMBER NO.

CLUB / TEAM		
CONTACT		
MAILING ADDRESS		
CITY		
PHONE	FAX	EMAIL
NUMBER OF MEMBERS (NAMES ON REVERSE)		

APPLICATION NOTES

1. Clubs/ Teams must host at least one JCF sanctioned event per year
2. Must have at least 1 member under 18 years old

TEAM NAME (IF SPONSORED)

Did this club/ team host a JCF sanctioned race last year yes no

CLUB OFFICERS

PRESIDENT _____ EMAIL _____ CELL _____

SECRETARY _____ EMAIL _____ CELL _____

\$5000 MEMBERSHIP FEE ENCLOSED

We hereby make application to the JCF and agree to abide by the rules and regulations.

APPLICANT SIGNATURE _____ DATE _____

JCF AUTHORIZED SIGNATURE _____ DATE RECEIVED _____