



**Central Victorian Veterans Cycling Club**

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# **2011 CVVCC MEMBERSHIP FORM**

**(Club Fees \$10.00)**

(PLEASE PRINT CLEARLY)

SURNAME: ..... GIVEN NAME: .....

POSTAL ADDRESS: .....

TOWN: ..... POSTCODE: .....

PHONE: (.....) .....

EMAIL: .....  
(providing an email address will enable you to electronically receive club news and information)

DATE OF BIRTH: ..... SEX (please circle) MALE or FEMALE  
DAY MONTH YEAR

NEXT OF KIN or CONTACT PERSON .....  
(Not yourself)

PHONE : (.....) .....