



Irish Veteran Cyclists Association Company Limited By Guarantee

APPLICATION FORM FOR NEW RACING MEMBERS

I, the undersigned, wish to apply for Racing Membership of the Irish Veteran Cyclists Association Company Limited By Guarantee. I understand that the IVCA may wish to verify my application for suitability to join the Association.

PLEASE USE BLOCK CAPITALS

First Name: _____ Surname: _____

Address: _____

Phone: *Home*: _____ *Mobile*: _____

Date of Birth: _____ Club (if any): _____

E-mail address: _____

Please indicate experience of Racing or Group Training with a Club:

Please supply two Referees for verification purposes; it may be a fellow Club member or a current IVCA Member:

Name: _____ Phone No. _____

Name: _____ Phone No. _____

Signature: _____ Date: _____

Completed forms should be sent to racecomm2017@theivca.com no later than 1st February 2017.

Your application will be considered by the Race Committee. If approved, you will be asked to fill out the regular Racing Membership Application form, which can be downloaded from the IVCA website, www.theivca.com.