



Bicycle Newfoundland & Labrador

P.O. Box 2127, Station C
St. John's, NL
A1C 5R6
www.bnl.nf.ca
bnl@bnl.nf.ca

CLUB DEFINITION

Club Name:
Mailing Address:
City/Town:
Prov:
Area Code:
Telephone:
Fax No:
E-mail:

Primary Interests

Form with checkboxes for Road Racing, MTB Racing, BMX Racing, Touring, Commuting, and Other.

Affiliated Race Teams

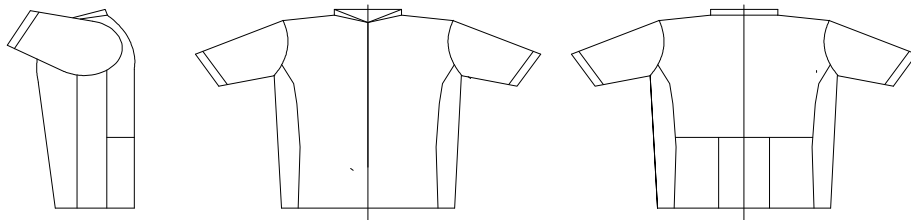
Table with 4 columns: Team Name, Contact Person, Phone, E-Mail. Rows 1, 2, 3.

Club Contacts (Mandatory Positions Must be Part of Club Organizational Structure)

Form sections for President, Vice-President, Secretary, Treasurer, and Coach, each with fields for Name, Phone, Fax, E-Mail, Mailing Address, City/Town, Prov, and Area Code.

JERSEY DESIGN

The club colours are _____ and we affirm that riders in sanctioned races will compete in these colours. One design only is permitted per club. Please show colours and design on diagrams below. Applications duplicating existing or protected designs will be returned.



CLUB SPONSORSHIP

Main Sponsors: 1: _____ 2: _____ 3: _____

DECLARATION

On acceptance as a club of both BNL and the Canadian Cycling Association, the applicant agrees to abide by the rules, regulations, procedures of the corporations.

Submit all the names of the club on the attached form or provide electronic copy in suitable format (MS Access or Excel preferred).

Club President's signature: _____ Date: _____

AFFILIATION FEE

\$150.00 Per Club

Contact BNL for a summary of club insurance coverage.

ATTACHMENTS

Payment Enclosed: Bank Draft/Money Order, Personal Cheque, Mastercard#, VISA#. DO NOT MAIL CASH!! Exp. Date: _____

Please MAIL this completed application form, and appropriate fee to the BNL Registrar to the address on the letterhead. Please Allow 2-3 weeks for processing. We prefer that applications are received by mail.

