

AUSTRALIAN VETERAN CYCLING COUNCIL INC.

ABN 96 724 615 505

ADDRESS

CLUB TITLE:.

Without Prejudice

Name of club member:

.....

Date of Birth:

The above rider has had a long connection with cycling racing and has been cycle racing with the above Club/and/or other Clubs for many years

The rider displays the capacity to continue to compete in the sport.

His/Her current Licence number is:; for Year:

Signed DATE:
Club Secretary/Treasurer

Club Secretary/Treasurer: Please return this form and a medical certificate from the applicant's GP, to your State Secretary for forwarding to the AVCC Secretary.