



Baroda Cyclist Club

Membership Application Form

Passport Size
Photo

Please read

Personal Information

First Name: _____ Last Name _____

Permanent Address* _____

Mobile : _____ Landline : _____

E-mail : _____ T Shirt Size : S / M / L / XL / XXL

DOB : _____ DOA : _____

Occupation : _____ Work Address : _____

Your Cycle Information

Geared : Yes / No Make : _____ Type : MTB/Road/Hybrid

Emergency Contact Information

Blood Group : _____

Contact Person : _____ Phone Number: _____

Medical Conditions (If any): _____

Date : _____ Place: _____ Signature: _____

For BCC Use only

Date : _____ Day _____ Amount Paid _____

Interest in Gala Ride / Daily Ride / Both