



Lowveld Enduro Club Membership Form

Personal Information:

Full Name: _____

Date of Birth: _____

Address: _____

City: _____

State/Province: _____

Zip/Postal Code: _____

Phone Number: _____

Email Address: _____

Emergency Contact Information:

Emergency Contact Name: _____

Relationship to Member: _____

Phone Number: _____

Membership Details:

Membership Type (circle one):

- Individual
- Family
- Junior (if applicable)

Membership Fee Paid: _____

Experience Level:

How many years have you been riding enduro? _____

Have you participated in enduro events before?

- Yes
- No

If yes, please specify events: _____

Declaration:

I, [Full Name], hereby declare that all the information provided in this form is true and accurate to the best of my knowledge. I understand and agree to abide by the rules and regulations of the Lowveld Enduro Club.

Signature: _____ Date: _____

Bank Details
FNB
Lowveld Enduro Club
63027070068
Branch 250655
Use name as reference
Email form and payment to lowveldec@gmail.com