



Velo-Club Allschwil

4123 Allschwil

info@velocluballschwil.ch

www.velocluballschwil.ch

Application for Membership

The undersigned person would like to join the Velo-Club Allschwil as an

☐ **active member**

☐ **passive member**

Name:

First name:

Date of birth:

Profession:

Street / No:

Postcode/ Place:

Phone:

eMail:

Select a main section:

- Road Cyclist
- Triathlete
- MTB Rider
- Teenager
- CA-NW

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additionally interested in subsection:

Association member:

Swiss Cycling

☐ Yes ☐ No

Swiss Triathlon

☐ Yes ☐ No

Date:

Signature::

Comments: