



MANITOBA CYCLING ASSOCIATION

Phone: 204.925.5686
 Fax: 204.925-5703
 145 Pacific Avenue
 Winnipeg, Manitoba
 R3B 2Z6
 E-mail: cyclingmb@gmail.ca

2018

1. PERSONAL INFORMATION (PLEASE PRINT CLEARLY)

| | | | | |
|----------------|--------------------------------|---|------------------------------|--|
| Last Name | First Name | Date of Birth (MM/DD/YY) ____/____/____ | Age as of Dec. 31, 2018 ____ | <input type="checkbox"/> Female <input type="checkbox"/> Male |
| Street Address | City, Province | Postal Code | Name of Affiliated Club | |
| Phone Number | Emergency Contact and Phone #: | Citizenship | Email Address | |

2. UCI LICENSE SELECTION Mountain Bike

| | |
|--------------------------|--------|
| <input type="checkbox"/> | SPORT |
| <input type="checkbox"/> | EXPERT |
| <input type="checkbox"/> | ELITE |

| | |
|--------------------------|----------|
| <input type="checkbox"/> | UNDER 9 |
| <input type="checkbox"/> | UNDER 11 |
| <input type="checkbox"/> | UNDER 13 |
| <input type="checkbox"/> | UNDER 15 |
| <input type="checkbox"/> | UNDER 17 |

| | |
|--------------------------|------------|
| <input type="checkbox"/> | JUNIOR |
| <input type="checkbox"/> | SENIOR |
| <input type="checkbox"/> | MASTER 30+ |
| <input type="checkbox"/> | MASTER 40+ |
| <input type="checkbox"/> | MASTER 50+ |

**2018
UCI / CCA
Membership
Application**

Road/Cyclo-Cross

| | |
|--------------------------|----------|
| <input type="checkbox"/> | UNDER 11 |
| <input type="checkbox"/> | UNDER 13 |
| <input type="checkbox"/> | UNDER 15 |
| <input type="checkbox"/> | UNDER 17 |
| <input type="checkbox"/> | JUNIOR |

| | |
|--------------------------|------------|
| <input type="checkbox"/> | SENIOR |
| <input type="checkbox"/> | MASTER 30+ |
| <input type="checkbox"/> | MASTER 40+ |
| <input type="checkbox"/> | MASTER 50+ |

| CATEGORY: | |
|--------------------------|-------------------------|
| <input type="checkbox"/> | 1 PROV / NAT TEAM RIDER |
| <input type="checkbox"/> | 2 TOP PROVINCIAL RIDER |
| <input type="checkbox"/> | 3 TOP PROV JR, RIDER |
| <input type="checkbox"/> | 4 COMP/RECREATIONAL |
| <input type="checkbox"/> | 5 BEGINNER |

**MCA
WAIVER
MUST ALSO
BE
SUBMITTED**

3. NON-RACE LICENSE TYPE OR

4. RACE & TECHNICAL LICENSE TYPES

(Not to be used in conjunction with a UCI License)

| "A" GENERAL MEMBERSHIP | COST | ✓ |
|------------------------------|-------|--------------------------|
| GENERAL MEMBERSHIP (Digital) | 61.00 | <input type="checkbox"/> |
| GENERAL MEMBERSHIP (Card) | 66.00 | <input type="checkbox"/> |

**IF APPLYING FOR A
TECHNICAL LICENCE
YOU REQUIRE AT MINIMUM A
GENERAL MEMBERSHIP
"A" ABOVE**

Note: A completed Membership form along with payment, and a **signed and dated waiver** must be returned to the MCA office for processing. All U18 Waivers must be signed by a Parent or legal guardian. Photos are required for all UCI license types and can be emailed to cyclingmb@gmail.com

| UCI / CCA Licensed Membership | | |
|--|-----------------------------|-------------------------------------|
| "B" UCI LICENSE | COST | ✓ |
| ADULT LICENSE (17 +) | 138.00 | <input type="checkbox"/> |
| Under 17 LICENSE (incl. KOM) | 92.00 | <input type="checkbox"/> |
| "C" Manitoba Novice License | COST | ✓ |
| Citizen License | 77.00 | <input type="checkbox"/> |
| Technical License (Organizer). Requires "A" or "B" | No Cost | <input checked="" type="checkbox"/> |
| ROAD/CYCLO-CROSS ORGANIZER | General Membership Required | <input type="checkbox"/> |
| MOUNTAIN Bike ORGANIZER | General Membership Required | <input type="checkbox"/> |
| Technical only Requires "A" or "B" | Commissaire Level | Coach Level |
| ROAD /CROSS | <input type="checkbox"/> | <input type="checkbox"/> |
| MOUNTAIN BIKE | <input type="checkbox"/> | <input type="checkbox"/> |

FORM OF PAYMENT COLLECTED: (circle) Cheque or Cash

Collected by: _____ at (Add Event Name): _____ on Date: _____