



Bike Trial International Union®

U Olšínách 2300 75
108 00 PRAHA 10 - Strašnice
CZECH REPUBLIC
Fiscal Code: 45768501

BikeTrial International Union
Protocol Number **773**

BIU Membership Agreement for Club, Group, Company and private person

Mod. 2017.B - Associated Member

Membership of BikeTrial International Union (BIU) is open to National organizations, clubs, groups, company or private persons, which have an interest in the development of sport of BikeTrial, Push BikeTrial, Blind BikeTrial and Nature Ride. There are two type of membership: for BikeTrial National Union and for BikeTrial Affiliated Members (clubs, groups, companies or private persons).

If your data do not change from the last year, you can simply send to info@biketrialinternational.com an email with “nothing changing” and do the yearly payment of the fee (€ 100 for Affiliated Members). This will be enough to confirm your Membership 2017.

Associated Member

Associate Membership is open to Clubs, groups or company or private person who support the aims of the BikeTrial International Union Sports. This entitles them to be nominated “**Associated Member (AM)**”. AM is allowed to represent BIU and organize smaller event in their area.

Associated Members have the right to be represented in every General Assembly meeting. Their representatives do not have the voting right, but they are authorized to participate in all General Assembly meetings and take the floor in these meetings. The Associated Members have the right to receive the BIU publications and may receive any information related to the subject activities of BIU from the Secretariat.

Associated Member agrees to accept without any reservation the BIU Statutes and Regulations effective at the time of incorporation in BIU in its behalf and in behalf of its members, including any rules and decisions BIU may render in the future. Associated Member agrees to respect the authority of each BikeTrial National Union in the respective country.

Instructions:

Provide your application file in English with capital letters, the documents should be sent to:

info@biketrialinternational.com

All applicants are expected to provide a comprehensive and complete file.



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I hereby

First Name: _____ Last Name: _____

Sex: ☐ Male ☐ Female Birth Date: ____ / ____ / ____ ;

Address: _____, City: _____

Zip code: _____ Telephone: _____ Mobile Phone _____

email: _____ Web Site: _____

fax: _____ position: _____

acting as the legal representative of (not for private person):

Club / Group / Company name: _____

Address: _____, City: _____

Zip code: _____ Telephone: _____ Mobile Phone _____

email: _____ Web Site: _____

fiscal number: _____ Registration Number: _____

other information / note : _____

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I hereby certify

- *That all the following informations provided in this document and enclosed are correct and complete.*
- *That this AM accepts the BIU Statutes, the BIU technical rules effective at the time of joining BIU, without any reservations in its behalf and in behalf of its members, including any rules and decisions, that BIU may render in the future.*
- *That this AM accepts the authority of each respective BikeTrial National Union.*
- *That also if the BNU is not present in the country, this AM cannot organize BIU National Championships.*

Date _____

signature _____

Enclosed files:

- ☐ Copy of National Organization's Statute.
- ☐ Copy of signatory identity card.
- ☐ Certificate of payment of **€ 100,00** (one hundred) in behalf of:



Bank transfer:

BikeTrial International Union

Bank of: "Komerční Banky"

IBAN Code: **CZ39 0100 0001 1514 4769 0217**

SWIFT Code: **KOMB CZPP XXX**

Reference: **BIU 2017 – YOUR NATION (or name)**



PayPal:

Go on BIU web page (www.biketrialinternational.com) and click on "Donation", use your **PayPal** account or your Credit Card to pay to BIU your Membership fee. After, please, write us to show your payment and send Module A or B if needed (*).

- ☐ (Optional) List of people involved in the BNU and respective task; like Technical coordinator, Organizing director or other.

Date _____

signature _____



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List of people involved in the AM

First Name: _____ Last Name: _____

City: _____ position: _____

email: _____ mobile phone _____

First Name: _____ Last Name: _____

City: _____ position: _____

email: _____ mobile phone _____

First Name: _____ Last Name: _____

City: _____ position: _____

email: _____ mobile phone _____

First Name: _____ Last Name: _____

City: _____ position: _____

email: _____ mobile phone _____

send photos to info@biketrialinternational.com in digital format, please.

For any other question or information about this procedure contact: info@biketrialinternational.com