



M. E. C. - CycleLoan  
REGISTRATION FORM

First Name (print): \_\_\_\_\_

Last Name (print): \_\_\_\_\_

Email address: \_\_\_\_\_

Tel #: \_\_\_\_\_

Security Pass Card #: \_\_\_\_\_

Name of employer (company): \_\_\_\_\_

Location (please circle): MEC 1 2 3 4 Unit #: \_\_\_\_\_

Name of Mgr / Supervisor: \_\_\_\_\_

Tel #: \_\_\_\_\_

Email address: \_\_\_\_\_

Do you plan to use/wear your own helmet?

Would you like to purchase a helmet?

The cost is \$37.38 + HST

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By completing and signing this registration form I have read, understood and agree to the terms and conditions of the MEC CycleLoan Program.

Internal Use Only	
Registration Date:	Expires:
Approved?	