



Membership Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

How did you hear about us?

- Through a friend Other
 Our Website
 Rode with us before

Other sports besides recreational cycling

Tell us if you have any experience or would like to know more about other endurance sport our club participate in:

- Road Racing
 Triathlon/Duathlon
 Running
 Cyclecross
 MTB Racing

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a club member, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

