



## Membership Application

1. Name: \_\_\_\_\_ D.O.B \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Pager /Cell: \_\_\_\_\_
4. Emergency Contact : \_\_\_\_\_ Phone # \_\_\_\_\_
5. DL # \_\_\_\_\_ Insurance: Yes / No Agent: \_\_\_\_\_
6. Make of Bike: \_\_\_\_\_ Model of Bike \_\_\_\_\_
7. Years of Riding: \_\_\_\_\_
8. Interest of Cycling Events: \_\_\_\_\_
9. Are you willing to participate in fund raising and charity events?: Yes / No :  
If no explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Explain your interest in the club:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Date: \_\_\_\_\_ Signature: \_\_\_\_\_