



## Membership Application

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_ E-Mail address: \_\_\_\_\_

If this is a Family Membership please list the names of those living in your household.

Name of Spouse: \_\_\_\_\_ Age: \_\_\_\_\_

Names of Children (under the age of 18): 1) \_\_\_\_\_ Age: \_\_\_\_\_

2) \_\_\_\_\_ Age: \_\_\_\_\_ 3) \_\_\_\_\_ Age: \_\_\_\_\_

4) \_\_\_\_\_ Age: \_\_\_\_\_ 5) \_\_\_\_\_ Age: \_\_\_\_\_

Bicycling Interests (check all that apply)

Recreational Riding  Loaded Touring  
 Racing  Mountain/Trail Biking

Are you interested in club volunteer activities?  Yes  No

If you checked "yes" above, which of the activities would you like to volunteer for?

Annual Century Ride  July 4th Ride  Advocacy  Safety & Education

Racing Events  Publicity  Newsletter

Other: \_\_\_\_\_

Annual Dues Schedule (Jan. 1 - Dec. 31) Individual \$15.00 Family \$20.00

Please make your check payable to: Break-Away Bicycle Club Amount Enclosed: \$ \_\_\_\_\_

Release Form (Please read and sign below)

In signing this release, I acknowledge that I understand its intent. I understand that the Break-Away Bicycle Club, its officers, members, sponsors, the city, county, or district in which the club holds its events are not insurers of my personal safety. I, therefore, release them and agree to hold them harmless and from any and all liability arising from my having sustained any property damage or personal injury. I shall abide by traffic laws and regulations and practice safety in cycling.

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

If applicant is under the age of 18, parent or guardian must sign here

\_\_\_\_\_

Mail this form and your dues check to:

Break-Away Bicycle Club - Post Office Box 954 - Kokomo, IN 46903

**The Break-Away Bicycle Club recommends the use of helmets at all rides!**