

Springfield Bicycle Club Membership Application

New Member

Renewing Member

Change of Address

Name		
Address		
City		
State		Zip
E-mail Address(es)		
Phone(s)		
Birth date*		

Type of Membership (check one):

Individual: \$20 per year

Family: \$25 per year

Contributing: \$30 per year

Sustaining: \$50 per year

Patron: \$100 per year

Corporate: \$100 per year

Family Member Information

Name 1:	Birth date*
Name 2:	Birth date*
Name 3:	Birth date*
Name 4:	Birth date*

I would like to opt out of: Club e-mail announcements

Quick Release mailing (issues are available at www.spfldcycling.org)

I would like to help with SBC activities: Yes No

If yes, please check any specific areas of interest:

- | | | |
|---|--|---|
| <input type="checkbox"/> Lead bike rides | <input type="checkbox"/> Help with social activities | <input type="checkbox"/> Help with bicycle advocacy |
| <input type="checkbox"/> Help w/ Capital City Century | <input type="checkbox"/> Serve on the SBC Board | <input type="checkbox"/> Other _____ |

Legal Waiver

I (and my parent or guardian in case of a person under 18 years of age) hereby release the Springfield Bicycle Club and any other party or parties involved in any Springfield Bicycle Club activity of any liability whatsoever for any loss or damage to property or for personal injury sustained or occurring on any Springfield Bicycle Club event.

Signature:	Date Signed:
Parent/Guardian:	Date Signed:

* providing birth dates is optional, but recommended to help us keep track of club demographics.

Springfield Bicycle Club
 Post Office Box 13035
 Springfield, IL 62791-3035