



Membership Application

- New Member
- Renewing Member
- Change of Address

Primary Member Information

Name _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Birth Date (optional) _____

Type of Membership

- Individual: **\$25** per year
- Family: **\$40** per year
May include up to 4 additional members who must all reside at the same address
- Corporate: **\$100** per year

Additional Donation

- \$10
- \$25
- \$50
- \$100
- Other _____

Secondary Members (Family Membership only)

Name _____ Birth Date: _____

Additional Information

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

I would like to help with the following SBC activities:

- Lead bike rides
- Help with social activities
- Help with bicycle advocacy
- Help with Capital City Century
- Serve on the SBC Board
- Other _____



Mail to:

Springfield Bicycle Club
P.O. Box 13035
Springfield, IL 62791-3035

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: _____