

Westerville Bicycle Club

Membership Application

(Please print legibly)

Name _____ Age _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

E-mail _____

Additional Family Members:

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Membership Dues

New Member Renewal

Individual and family: \$25 from April 1 through March 31 (Dues paid after Jan 1 will constitute membership for the next club year)

Payment

Check/money Order for \$ _____ enclosed. (Make check/money order payable to Westerville Bicycle Club)

Waiver

In signing this release for myself or for the applicant under 18, I understand and agree to absolve all sponsors, organizations, ride leaders and associated entities singly and collectively of all blame for injury, misadventure, harm, loss or inconvenience suffered as a result of taking part in any activities of the Westerville Bicycle Club. I consent to permit emergency medical treatment in case of injury or illness. I will abide by all state and local law regulations, and I will practice courteous cycling.

By signing this form, you are agreeing to the conditions of the waiver above. Signatures are required for each adult member and the signature of a parent or guardian is required for each applicant under 18.

Print Name _____

Signature _____ Date _____

Application will not be accepted without signature

Second Applicant or Co-Signer

Print Name _____

Signature _____ Date _____

Mail to: WBC Membership • PO Box 356 • Westerville, OH 43086-0356