

MEMBERSHIP APPLICATION - ARIZONA BICYCLE CLUB

(Please print, fill out, sign your name, and send via U.S. mail with your check)

Members receive the ABC Chain Letter in electronic form from ABC each month. Please be sure to give us your e-mail address and let us know if it changes. You also receive discounts on rides and from bike shops.

No refunds on membership. You will receive an e-mail when your membership expires.

Please mark the type of membership you are applying for: Renewal or New.

- | | | |
|-----------------------------------------------|------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Individual: | <input type="checkbox"/> 1 year \$25.00, | <input type="checkbox"/> 2 year \$45.00 |
| <input type="checkbox"/> Family: | <input type="checkbox"/> 1 year \$35.00, | <input type="checkbox"/> 2 year \$65.00 |
| <input type="checkbox"/> Senior (55+): | <input type="checkbox"/> 1 year \$20.00, | <input type="checkbox"/> 2 year \$35.00 |
| <input type="checkbox"/> Senior (55+) Family: | <input type="checkbox"/> 1 year \$25.00, | <input type="checkbox"/> 2 year \$45.00 |

Name: _____

Address: _____

City: _____ State: _____ Zip+4: _____

Phone: _____

Email: _____

Where did you hear about ABC?

RELEASE AND WAIVER:

I hereby waive and discharge all claims, actions and causes of actions by me, my heirs, executors and administrators against the Arizona Bicycle Club (ABC) and its officers, directors, chapters, sponsors and sponsoring municipalities, organizations and any others connected with any ABC event, for any injury, harm or death, damages, loss or inconvenience sustained as a result of my participation in any ABC event, or any activities associated therewith. I am aware of the inherent risks in participating in a bicycling event, and I assume all responsibility for my own safety. I understand that ABC requires bicycle helmets to be worn by all participants in all ABC events while operating bicycles and that there is no exception to this requirement. I agree to wear a bicycle helmet at all times during ABC bicycle events when I am riding a bicycle. I agree to obey all traffic laws at all times during any ABC event.

I also consent to and permit emergency medical treatment in the event of injury or illness. I also give full permission for the use of my name and photograph in connection with an ABC event.

SIGNATURE or Signature of Parent/guardian for minor

Today's date

Amount enclosed: \$ _____

Make check payable to Arizona Bicycle Club.

Send form and check to:
Arizona Bicycle Club
Attn: Membership
P.O. Box 7191
Phoenix, AZ 85011-7191

Updated 26 June 2008