



## 2008 MEMBERSHIP APPLICATION

Name(s)(print) \_\_\_\_\_

Address \_\_\_\_\_ City, State and Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer \_\_\_\_\_ E-mail \_\_\_\_\_

Date of Birth \_\_\_\_\_ Cycling Experience (Years) \_\_\_\_\_ Annual Mileage \_\_\_\_\_

Cycling Preference: \_\_\_ Road \_\_\_ Off-Road \_\_\_ Both Number of Bicycles Owned \_\_\_ Road \_\_\_ ATB \_\_\_ Track \_\_\_

USCF License # \_\_\_\_\_ Category \_\_\_\_\_ NORBA License # \_\_\_\_\_ Category \_\_\_\_\_

**Annual dues are \$25.00 for individuals age 19 and over and \$10.00 for individuals age 18 and under. Family memberships are \$35.00. List participating member's names above. For members joining after June 30, 2008, dues are one half the above amounts. All memberships expire December 31, 2008.**

In consideration of membership in the Peoria Bicycle Club I attest and verify that I am eighteen (18) years of age or older, physically fit and sufficiently trained to participate in all activities associated with the PBC. My participation in activities and events organized by the PBC is voluntary. I assume all the risks associated with my participation in activities and events organized or sponsored by the PBC, including injuries or illness to person and damage or loss to property. For any injury, illness, property damage or loss suffered or sustained by me which is in any way associated with my participation in, travel to and from, or other activity associated with the PBC, I do hereby, for myself, my heirs, my administrators and executors, for ever waive, release and discharge any and all rights and claims for any expenses, damages or other losses which I may have or which may hereinafter accrue, against the PBC, members, sponsors and organizations or their respective representatives, officers, directors, employees, agents, successors, and assigns. I agree to abide by the participant rules adopted from time to time by the PBC. In the event that I am unable to do so on my own because of an injury, I consent to administration of first aid and other medical treatment in the event of injury and agree to pay the costs of such treatment. I hereby state that I have read and understand the above stated information. PARENT or GUARDIAN of a Minor: I as parent or guardian of the below named minor, hereby give my permission for my child or ward to participate, and further agree, individually and on behalf of my child or ward, to the terms of the above.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian of minor \_\_\_\_\_ Date \_\_\_\_\_

(Required if applicant is under 18 years old)

**Make checks payable to the Peoria Bicycle Club. Mail completed application and membership fee to:**

Peoria Bicycle Club  
1406 Fayette Avenue  
Washington, IL 61571

Do not write below this line.

Date Paid \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_ Check / Cash \_\_\_\_\_ Membership Expires \_\_\_\_\_