



Please send check (no cash please) with application to: **Montgomery Bicycle Club**
c/o Robert Traphan
135 Catoma Street #4652
Montgomery, AL 36104-3401

Note amount by membership type. Dues are payable on March 1 of each year and cover the period of March 1 – February 28. For members joining after August 31, the membership fee is \$7.50 for a Individual membership and \$12.50 for a Family membership and will cover the period from joining until February 28.

Name _____ **Date** _____

Other family members (family membership only) _____

Street Address _____

City _____ **State** _____ **ZIP+4** _____

Home Phone _____ **Mobile/Work Phone** _____

E-Mail Addresses _____

New **Renewal**

Temporary (90 days) \$7 **Student (\$10)** **Individual (\$15)** **Family (\$25)**

Temporary rate is offered primarily for visitors to Montgomery who wish to participate in time trials. The student rate applies to high school students and full-time college students only.

Bicycling Preferences (check all that apply):

Commuter **Recreational** **Organized Non-Competitive** **Organized Competitive**

Ride Interests (check all that apply):

Leisure **Touring** **Racing** **Off-Road** **Recumbent** **Tandem** **Other** _____

Are you a member of?

LAB **USCF** **IMBA** **NORBA** **USAT** **Other** _____

WAIVER - READ BEFORE SIGNING

I understand that the Montgomery Bicycle Club, Inc. and its officers and members are not responsible for, and are not insurers of, my personal safety during club activities. Therefore, I, the undersigned, intending to be legally bound, hereby for myself, heirs, executors, and assigns, waive and release all rights and claim to damages I may have against the Montgomery Bicycle Club, Inc., their officers, representatives, successors and assigns, for all and any activities sponsored by the club by reason of their negligence in participating in or sponsoring or planning or arranging the event. I attest and verify that I am physically fit and will not participate in any event for which I am not adequately trained.

Signature _____

Spouse (if family member) _____

Guardian Signature (members under 19) _____