

2 Carolina Cyclers Membership Application

Name (Please include all family members if family membership):

New Membership? Renewal?

E-mail Address:

Street Address:

City: State: Zip code:

Telephone numbers: Home:
 Work:
 Cell:

Do you wish to be listed in the Carolina Cyclers Membership directory?
Yes No

In consideration of my membership, I agree not to hold the Carolina Cyclers, or any of its members, liable for any injury or damage, however caused, which may result from my participation in any event sponsored by the Carolina Cyclers.

Signature:

Date:

Age:

(Each adult member must sign and each minor must have a parent or guardian sign.)

Rider Survey: Average miles per week

When can you ride?

Are you willing to lead rides?

Goals for this year:

Individual Memberships are \$20.00; family memberships are \$25.00.
Please make your check out to **Carolina Cyclers** and mail it and this membership form to:

Carolina Cyclers
PO BOX 50283
Columbia, SC 29250