

# Membership Application 2009

## Member Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex (M/F) \_\_\_\_\_

## Type of Membership:

Individual: (\$15) \_\_\_\_\_ Family: (\$25) \_\_\_\_\_

(If joining as a family, please fill out a separate application for each family member and submit all forms together with the application fee. This will help us with the membership database. Make checks payable to **High Sierra Cyclists**)

## Cycling Interests:

What type of cycling are you interested in?

Road Biking \_\_\_\_\_ Mountain Biking \_\_\_\_\_ Commuter \_\_\_\_\_ BMX \_\_\_\_\_ General Recreation \_\_\_\_\_

What type of bike(s) do you own? \_\_\_\_\_

What type of events would you like to see organized in the community? :

Would you be interested in helping with event organization: \_\_\_\_\_

## Emergency Information:

Physician: \_\_\_\_\_ Phone (or Hospital) \_\_\_\_\_

Other pertinent information (i.e. Diabetic, Drug Allergy) \_\_\_\_\_

Person(s) to contact in case of emergency:

\_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

## Release:

While participating in any Club rides/events, I agree to operate my bicycle in accordance with all-applicable laws and courtesies due other users of the roads and/or trails. I assume full responsibility for my own actions. I will not hold the High Sierra Cyclists or its Officers liable for any damages incurred while participating in any Club event.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If under 18, parent signature) \_\_\_\_\_

Make checks payable to **High Sierra Cyclists** and submit application and check to:

**High Sierra Cyclists**  
**P. O. Box 2278**  
**Ridgecrest, CA 93556-2278**