



Membership Application 2011

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**