

SWBCC MEMBERSHIP APPLICATION 2017 - 2018

One form per member
Complete *all* fields

Annual Adult Membership: \$30
2nd Adult Member residing at same address: \$25

PLEASE PRINT CLEARLY

Please check one of the following: _____ I AM ENCLOSING A CHECK MADE OUT TO SWBCC
_____ I PAID ONLINE AT WWW.SWBCC.ORG/MEMBERSHIP

NAME (PRINTED): _____
First M.I. Last

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ DATE OF BIRTH _____ / _____ / _____

CELL PHONE: () _____ - _____ HOME PHONE: () _____ - _____

EMAIL ADDRESS: _____ @ _____ . _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Phone #: _____

SWBCC MEMBER AGREEMENT:

- I am aware of the inherent risks in participating in a bicycling event, and I assume all responsibility for my own safety.
- I have no physical or medical condition which would endanger myself or others if I participate in club events, or would interfere with my ability to safely participate in club events.
- I understand that SWBCC requires bicycle helmets to be worn by all participants, in all SWBCC events while operating bicycles and that there is no exception to this requirement.
- I agree to wear a bicycle helmet at all times during SWBCC bicycle events when I am riding a bicycle.
- I agree to obey all traffic laws at all times during any SWBCC event.
- I consent to and permit emergency medical treatment in the event of injury or illness.
- I give full permission for the use of my name and photograph in connection with an SWBCC event.

I HAVE READ THE SWBCC MEMBER AGREEMENT

Initial

DATE: _____ / _____ / _____

MEMBER'S SIGNATURE

(only if age 18 or over): _____

SIGN both sheets, Write a check to SWBCC or Pay On-line then Mail completed forms, to:

Southwest Bicycles Cycling Club

C/O Teresa Filleman ~ 6333 W. Range Mule Dr. ~ Phoenix, AZ 85083

OR Drop off your completed form and waiver at SouthWest Bicycles – Peoria

