

SWBCC MEMBERSHIP APPLICATION 2010 - 2011

One form per member

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

Complete *all* fields.

PLEASE PRINT CLEARLY

Enclose a check made out to SWBCC

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

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: () _____ - _____ DATE OF BIRTH ____ / ____ / ____

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 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

DATE: ____ / ____ / ____

Initial

MEMBER'S SIGNATURE

(only if age 18 or over): _____

Mail completed **form, waiver and a check** made out to SWBCC 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