

OXFORD CYCLING: MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Membership Type: New Member Renewal *(Please circle)* Individual (\$20) Family (\$35) *(Please circle)*

First Name:	Last Name:	Gender:
Current address:		
City:	State:	ZIP Code:
Phone:	Email:	Birth Date (optional):

INTERESTS

Types of bikes owned (circle all that apply):
 Road Mountain Touring Hybrid/Casual BMX Free Style Recumbent Other _____

Main Cycling Interest (circle all that apply):

Recreational	Touring	Social
Mountain Biking	Mtb. Racing	Mtb. Camping Trips
Road	Road Racing	Cyclocross
Triathlon	Duathlon	Commuting
BMX	Free Style	Observed Competition

Main Club Interest (circle all that apply):

Advocacy	Events	Education
Trail Maintenance	Bike Lane Projects	Recruiting
Other _____		

EMERGENCY CONTACT

Name:

Address:	Phone:
City:	State:
Relationship:	

SPOUSE INFORMATION IF JOINT MEMBERSHIP

Name:

Date of birth:	SSN:	Phone:
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CHILDREN IF MEMBERSHIP PRIVILEGES DESIRED

Name	Name
Name	Name

SIGNATURES

In signing this form for myself and/or as an adult responsible for all children under the age of 18, I understand and agree to absolve all of the officers, organizers, and sponsors, be they individuals, organizations, or corporations, singly and collectively, of blame for injury, misadventure, harm, loss, or inconvenience suffered as a result of participation in any club activity associated with the Oxford Cycling Club.

Signature of applicant:	Date:
Signature of spouse <i>(only if for a joint membership):</i>	Date: