



Membership Application

PLEASE PRINT LEGIBLY!

Name _____

Address _____

City/State _____ Zip Code _____

Phone (Home) _____ (Cell) _____ (Work) _____

E-mail _____

Family Member E-Mail _____

Annual Membership

Student (\$10)

Individual (\$20)

Family (\$30)

Sponsor (\$200)

Remit Payment to:
Veloteers Bicycle Club
PO Box 2236
Mount Juliet, TN 37122

In consideration of my membership, I agree not to hold the Veloteers Bicycle Club or any of its members or organizers liable for any injury or damage however caused, which may result from participation in any event sponsored by the Veloteers Bicycle Club. I also agree to obey all applicable vehicle laws and principles of safe bicycling. I agree to wear an approved helmet on all club rides.

Signature _____ Date _____

Family Member Signature _____ Date _____

Parent or Guardian if Under Age 18 _____ Date _____

Member Information

Emergency Contact (print/required): _____ Phone: _____

Emergency Contact Family (print/required): _____ Phone: _____

What goal(s) do you have for riding?

Social Fitness Racing

How active would you like to be in the club?

Board Officer Ride Coordinator Social Coordinator Ride Leader Volunteer