

## CBC Membership Form

Name: \_\_\_\_\_

Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

*(CBC does not share or sell personal contact information to outside organizations)*

**Membership Type:**

New Member  Renewal

Individual one-year \$15

Individual two-year \$25 (Save \$5)

Family one-year \$25

Family two-year \$45 (Save \$5)

**\$10 Newsletter Printing & Postage Surcharge**

**Interests:**

Event Volunteer  Ride Leader

Mountain Biking  Time Trials/Racing

Bike Commuting  Bike Advocacy

Bike Safety Education

Meetings/Social Events

Bike Touring  Other

**Please send my newsletter via:**  US Postal Service (Add \$10 surcharge to membership dues)

E-Mail (no surcharge)

**Ride Waiver**

The undersigned, in consideration of the Capital Bicycling Club accepting my membership, hereby waive and release any and all rights and claims for damages resulting from sickness, accident and/or any injury that may occur during and/or after participation in any and all CBC sponsored bicycle rides, including weekly club and special event rides. This waiver includes any rights and claims on my part against the Capital Bicycling Club, its officers, ride leaders and any sponsors. I also agree to accept all rules, regulations and policies set by Capital Bicycling Club, to defer to the authority of the ride leaders, and to obey all applicable traffic laws while participating in this Capital Bicycling Club ride.

\_\_\_\_\_  
Signature(s)

\_\_\_\_\_  
Date

**Desired Ride Types:**

Beginner Pace, Instructional

Social Pace: 12-15 MPH Avg

Fitness Pace 16-20 MPH Avg

Mountain Bike Rides

\_\_\_\_\_  
Signature(s)

\_\_\_\_\_  
Date

(Family memberships require the signatures of all adults aged 18 or older)

***Send this form with your check to: CBC Membership, PO Box 642, Olympia, WA 98507***