



Membership Application

Leavenworth Bicycle Club, Inc.
PO Box 714
Leavenworth, Kansas 66048



Date: _____ If Military, Approximate PCS Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

e-mail address: _____ additional e-mail address: _____

Check if New Membership or Renewal
Check if Individual or Family Membership: Individual
Check if not OK to put your phone & e-mail on the club roster

Annual Dues are \$15.00 for Individual or Family Memberships. The period of memberships is May 1 through April 30 of the following year. New memberships received after October 31 will be effective immediately and continue through the entire subsequent membership period beginning on May 1.

Family members _____

Check the bicycling activities in which you are interested in participating:

- | | | | |
|--|--|---|--|
| Touring <input type="checkbox"/> | Commuting <input type="checkbox"/> | Repair Program <input type="checkbox"/> | Mountain Biking <input type="checkbox"/> |
| Committees <input type="checkbox"/> | Recreational Riding <input type="checkbox"/> | Triathlon <input type="checkbox"/> | Other <input type="checkbox"/> |
| Leading Rides <input type="checkbox"/> | Bicycle Camping <input type="checkbox"/> | Trail Rides <input type="checkbox"/> | _____ |

HELMETS REQUIRED ON ALL CLUB RIDES

Waiver of Liability

All adult applicants and renewals must sign below each year. All persons under age 18 must be included in a family membership application signed by a parent or guardian. The undersigned, for myself and all persons under age 18 listed above, inconsideration for the privilege of participating in events and activities sponsored or organized by the Leavenworth Bicycle Club, Inc., hereby agrees not to hold liable or sue the Leavenworth Bicycle Club, Inc., its officers or agents or members and hereby waives all claims for damages and injuries which may be incurred by me/or my children arising out of such activities or events of the Leavenworth Bicycle Club, Inc.

Signed: _____

(Adult applicant/parent/guardian) (Date)

Member of the League of American Bicyclists and Adventure Cycling Association