



Cascades Cycling Club Membership Form

[This form may be used for first-time memberships, renewals, and address updates.]

Name _____ Age _____

Additional Family Members:

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Address _____ City _____

State _____ Zip _____ Phone (_____) _____ E-Mail _____

Help us get to know you and your riding preferences:

Where do you ride?

- Road
- Off road

Why do you ride?

- Social/Recreation
- Fitness/Training
- Racing

Cycling Experience?

- New to Cycling
- Experienced
- Hardcore

Additional Comments: _____

(For comments, questions or info about the club, you may also contact us through our website at www.cascadescyclingclub.org.)

Membership Info

- Individual [\$10.00]
- Family [\$12.00]
- New
- Renewal
- Address Update

Please complete this form and mail it with your payment to: **Cascades Cycling Club
P.O. Box 515
Jackson, MI 49204**

Make check payable to: **Cascades Cycling Club**

Member Release Form

In signing this form for myself, my family, or minor Children being members of Cascades Cycling Club, I understand and agree to absolve the Club and all its members and officers, individually or collectively, of all blame for any injury, misadventure, harm, loss, or inconvenience suffered as a result of taking part in any Club sanctioned or affiliated event or any of the activities associated with any Club event.

Releaser's Signature _____ Date _____

Additional family members:

Name* _____ Date _____ Name* _____ Date _____

Name* _____ Date _____ Name* _____ Date _____

Name* _____ Date _____ Name* _____ Date _____

(* Parent or guardian must sign if under 18 years old.)