



Please print form, fill out and mail

Decatur Bicycle Club Membership Application Form

Check One:

___ **New Membership**

___ **Renewing**

Make Check Payable To:

Decatur Bicycle Club

PO BOX 32

Mt. Zion, IL 62549

Membership Type:

___ **Individual \$10.00**

___ **Family \$15.00**

Signature of All Applicants Involved

Name:

Date:

Name _____

Address _____

City _____

State/Zip _____

Phone (_____) _____

Email Address _____

Disclaimer: In signing this form, I understand and agree to absolve the Decatur Bicycle Club Inc., it's members, and it's officers of all blame for and injury, misadventure, loss, or inconvenience suffered as a result of taking part in any activity sponsored or advertised by said organization

If other members in the household would like to receive the Club Newsletter or other mailings, please list their e-mail addresses below