

NWCC MEMBERSHIP APPLICATION

CHECK ONE: NEW MEMBER _____ RENEWAL _____

Last Name: _____ First Name: _____

Family Membership Names: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Ph: _____ Work Ph: _____ Cell Ph: _____

E-Mail Address: _____

Occupation: _____ Willing to Volunteer Skills?: Y N

Birth Date(s): _____

Medical Condition: _____

Emergency Contact: _____ Phone: _____

Primary Reason for Joining NWCC? _____

I allow my contact information (Phone numbers& E-Mail address) to be published in the password protected on-line Membership Directory: Y N (circle one)

AREAS OF INTEREST (Check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Road Riding | <input type="checkbox"/> Volunteer Opportunities | <input type="checkbox"/> Racing (Team Affiliation: _____) |
| <input type="checkbox"/> Mountain Biking | <input type="checkbox"/> Fitness Education/Nutrition | <input type="checkbox"/> Not Yet, but Interested |
| <input type="checkbox"/> Bike Commuter | <input type="checkbox"/> Cycling Education | <input type="checkbox"/> Off-Road, Cat. _____ |
| <input type="checkbox"/> Tri-Athlete | <input type="checkbox"/> Bike Maintenance Education | <input type="checkbox"/> Road, Cat. _____ |
| <input type="checkbox"/> Adventure Racing | <input type="checkbox"/> Out of Town Rides/Tours | <input type="checkbox"/> Track |
| <input type="checkbox"/> Cycling Advocacy | <input type="checkbox"/> Houston Area Group Rides | <input type="checkbox"/> CycloCross |

MEMBER DUES

Dues are \$20.00 / year for single membership and \$30.00 / year for family membership. Your membership will expire 12 months from the date you join. You will be notified by email reminding you of your membership expiration date in time to renew. Your monthly newsletter, *The Pedal Pusher*, will be available online on the club website and you will receive an email notification as new issues are available.

Thank you for joining Northwest Cycling Club.

** IF THIS RELEASE IS NOT SIGNED, YOUR APPLICATION WILL BE RETURNED TO YOU **

In signing this release for myself or the above named applicant(s), I agree to absolve all of the sponsors, organizers, and associated entities, be the individuals or organizations, singly or collectively, of any injury or misadventure suffered as a result of taking part in any activities associated or related to the NORTHWEST CYCLING CLUB, or NORTHWEST CYCLERY, INC.

Signature: _____ Date: _____

Amount Paid: (Circle One) \$20.00 Single \$30.00 Family Check # _____ Cash Received By: _____

Make checks payable to: **NWCC**

Mail to: **NWCC Membership, PO BOX 1494 Cypress, TX 77410**