

RIVERBEND BICYCLE CLUB MEMBERSHIP FORM

Membership is January 1 to December 31

Full name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: (______). _____.

E-mail address: _____

We do not share your email address. It is used exclusively for club use only. You will receive newsletter via email from RBBC.

() Check if you wish to receive your monthly newsletter via postal mail.

Please list additional family members for family memberships: _____

I and any family members listed above understand that the RiverBend Bicycle Club, its officers, and activity leaders are not insurers of my personal safety. I understand that bicycle riding has personal risk and I thus release them from any and all liability arising from any personal injury, property damage, loss or inconvenience resulting from participating in RiverBend Bicycle Club activities or rides. All cyclists ride at their own risk and are advised to wear a helmet.

Signature: _____ Date: _____

Signature: _____ Date: _____

(Signature of parent or guardian is required if primary member is under 18)

Please check all that apply:

___ I do not want to be included in the membership directory

___ I am a member of the Iowa Bicycle Coalition

___ I am a member of the Ride Illinois

___ I am a member of the League of American Bicyclists

Choose one of the following membership levels:

___ Single yearly membership: \$15.00

___ Family yearly membership: \$20.00

___ Business yearly membership: \$30.00

Total amount: _____

Please make checks to RBBC and mail to: RBBC/membership PO Box 1571 Clinton, IA 52733