

Membership Application --- Arlington Heights Bicycle Association

Name (s) _____

Birthday (optional – may exclude year) _____

Address: _____

City/State/Zip Code: _____

Telephone: _____ E-mail Address: _____

In signing the release for myself and/or all named participants under the age of 18, I understand that Arlington Heights Bicycle Association officers and members are not insurers of any participant's personal safety during any activity of the Arlington Heights Bicycle Association. For myself, and/or said minor, my (and minor's) heirs and assignees, I hereby waive all claims for, forever discharge and release, and agree to hold harmless, the Arlington Heights Bicycle Association, its officers and members, from any and all liability from personal injuries or property damage I/we may sustain during any event, outing, or activity planned, arranged, sponsored or otherwise participated in by the Arlington Heights Bicycle Association.

Signature: _____

Date: _____

Signature: _____

Date: _____

Family Members under the age of 18 years,

Name: _____

Age: _____

Name: _____

Age: _____

Membership Fee for individuals and families or residents of the same household is \$15 per year

Make checks payable to: Arlington Heights Bicycle Association

Mail check to: Mitch Polonsky, 3219 Carriageway Drive, Arlington Heights, IL 60004

Ride schedules, events, news, and information are available in electronic form on the AHBA website:

www.cyclearlington.com

The club offers an email based discussion group. This is frequently used for cycling tips or for late breaking news such as change in the ride schedule. See the website home page to join the group.