

Membership Application for the Arlington Heights Bicycle Club

Name(s) _____

Address _____

City, State, Zip Code _____

Telephone _____ Email Address _____

Birthday _____ (month), _____ (day)

In signing the release for myself and / or all named participants under the age of 18, I understand that that Arlington Heights Bicycle Club officers and members are not insurers of any participant's personal safety during any activity of the Arlington Heights Bicycle Club. For myself, and/or said minor, my (and minor's) heirs and assignees, I here by waive all claims for, forever discharge and release, and agree to hold harmless, the Arlington Heights Bicycle Club, 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 Club.

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 check payable to: Arlington Heights Bicycle Club (AHBC)

Mail check to: Paula Matzek, 200 W Fairmont Place, Mt. Prospect, IL 60056

Ride schedules, events, news, and information are available on the AHBC website at:

www.cyclearlington.com

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

NOTE: Recurring memberships are due by March 1. This membership application must be filled out each year.