

Macomb Area Bicycling Club

Membership/Affiliation Form
P.O. Box 248, Macomb, IL 61455-0248

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email Address: _____

Type of Membership:		
<input type="checkbox"/>	Individual (18 yrs & Older)	\$10.00
<input type="checkbox"/>	Family	\$15.00
<input type="checkbox"/>	Group Affiliation	\$20.00
Note: all memberships are annual and run from April 1 to March 31		

<p>I hereby agree not to hold the members and officers of the Macomb Area Bicycling Club liable for damages I may incur during voluntary participation in club activities. I participate at my own risk with the full understanding of the inherent dangers of bicycling and other club activities. I also agree to conduct myself in a safe manner during all club activities.</p> <p>Date: _____ Signature (or Parent's): _____</p>
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