

**The Evansville Bicycle Club, Inc.
Membership application**

Name _____ Age _____

Address _____

City _____ State _____ Zip _____

Phone _____

E-mail Address _____

Signature _____
(Head of household for family membership)

Family Membership

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

DUES: \$12.00 Single
\$20.00 Family plus \$1.00 for each child

Release of Liability

Evansville Bicycle Club, Inc. (EBC Inc.) is organized for the sole purpose of providing it's members with notification of central meeting points and times. Members freely elect to ride together as a group, following a route of choice. In signing this form for myself and/or my family members I understand and agree to absolve EBC, Inc. and it's organizers and sponsors from all blame for any injury, misfortune, harm, loss, loss of life or inconvenience suffered as a result of participation in any ride or activity associated with or sponsored by the EBC, Inc. I further understand that I as an individual am responsible to abide by all traffic laws and regulations governing bicycling and take full responsibility for my actions.

Make checks payable to: Evansville Bicycle Club, Inc. "Be sure to sign this form."

Mail application and check or money order to:

**Dave Ashworth
613 Vernonwood Ct
Evansville, IN 47712**