



Macomb Area Cycling Mountain Bike Club
Membership Application

Name: _____ Age: _____

Address: _____

City: _____ State: ____ Zip: _____

Home Phone: _____ Email: _____

____ New Membership ____ Renewal

____ Individual (yearly) membership \$10

____ Family (yearly) membership \$20

____ Additional Donation: \$_____

Names and ages of family members:

I hereby release the Macomb Area Cycling Mountain Bike Club and any other party or parties involved in any Macomb Area Cycling Mountain Bike Club activity of any liability whatsoever for any loss or damage to property or for personal injuries sustained or occurring on any Macomb Area Cycling Mountain Bike Club event.

Signature: _____ Date: _____

(parent or guardian must also sign if under 18)

Please make checks payable to "MACmtbc", mail with a self addressed stamped envelope to:

MACmtbc
 100 S Oak St
 Good Hope, IL 61438