

2009 COLORADO HEARTCYCLE MEMBERSHIP FORM

Membership application only—must be filled out even if you are NOT signing up for a tour.

Membership runs from January 1 through December 31

PLEASE PRINT CLEARLY!

New Member: _____ Renewing Member: _____ E-mail address: _____

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

Home Phone: _____ Work or Cell Phone: _____

Individual Membership (\$20): _____ Family Membership (\$25): _____

Name of Family Member(s): _____ E-mail address: _____

_____ E-mail address: _____

_____ E-mail address: _____

I prefer to have the monthly newsletter delivered by: Electronically (E-mail): _____ or Paper (US Postal Mail): _____

As a member, I am willing to contribute to Colorado HeartCycle in the following ways:

Start Training Rides: _____ Lead Tours: _____ SAG Drive: _____ Web Site Team: _____ Make Maps: _____ Event Helper: _____

Other: _____

Signature: _____ Date: _____

In signing this release for myself or a member of my family who is under the age of 18, I acknowledge that I understand the intent hereof, and I hereby agree to and will absolve and hold harmless Colorado HeartCycle Association, Inc. and its officers, and members and any other parties connected with club-sponsored rides in any way whatsoever, individually and collectively from and against any blame or liability for any injury, misadventure, harm, loss, inconvenience or damage suffered or sustained as a result of participation in said club-sponsored rides or activities associated herewith. I also consent to and permit emergency medical treatment in the event of injury or illness. I shall abide by traffic laws and regulations and practice courtesy and safe cycling. I also understand that the Colorado HeartCycle Association, Inc., requires the use of helmets when participating in all club rides.

Send this form along with a check made payable to HeartCycle

Colorado HeartCycle, P.O. Box 100743, Denver, Colorado 80250-0743