

Lorain Wheelmen Membership Form

New

Renewal

Name _____ Age _____

e-mail _____

Address _____

Other Family Members

City _____ ST _____

_____ Age _____

ZIP Code _____ - _____

_____ Age _____

Phone (____) _____ - _____

_____ Age _____

Dues (due March 1st) Schedule (1/2 after Oct 1st for **NEW** membership)

Return to:

Adult/Family
(includes CrankMail)

\$15.00

Lorain Wheelmen
P.O. Box 102
Amherst OH 44001-0102

Waiver

In signing this release for myself or the named member (when the member is under 18), I understand the intent of this release and agree to absolve all of the sponsors, or organizers and associated entities be they individuals or organizations, singly and collectively of all blame for any injury, misadventure, harm, loss or inconvenience suffered as a result of taking part in any Lorain Wheelmen Bicycle Club ride or in connection with any activity associated with or related to said organization. If the member is 18 or over, he/she signs for self. If not, then the parent or legal guardian must sign below.

Date _____

Signature of member or parent/guardian