

**FOLKS ON SPOKES - MEMBERSHIP APPLICATION**  
**P.O. BOX 763 MATTESON, IL 60443**

I, for myself and for any minor on whose behalf I sign this membership application, agree that: (1) bicycling is a potentially hazardous activity and that accidents can occur from negligence or carelessness; (2) ride leaders and maps are provided for my convenience only and not to guarantee a safe route or trip; (3) I voluntarily participate in club events and assume all risks associated with participation therein, including but not limited to; injury, falls, contact with other participants, weather, traffic and road conditions; all such risks being known and appreciated by me. I also agree to wear a helmet that meets Consumer Product Safety Commission (CPSC), ASTM, or Snell standards on all rides.

Please Print

Names(s) \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Do you want your email address published in the club roster? Yes \_\_\_ No \_\_\_

Do you want to receive the newsletter by US Mail \_\_\_ E-mail \_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please indicate: New Membership \_\_\_\_\_ Renewal Membership \_\_\_\_\_

Additional family member(s):

Signature of parent or guardian if under 18

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ANNUAL DUES:**

All memberships expire Dec. 31

**Single \$15.00**

**Family \$25.00**

Total enclosed: \_\_\_\_\_ Date: \_\_\_\_\_