



Membership Application

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone No. () _____ E-Mail _____

Can we send your newsletter by E-Mail only? Yes _____ No _____
(Help us save time and money!)

ANNUAL MEMBERSHIP:

() Family (\$10) or () Individual (\$7)

Family Members (Names and Ages) _____

CLUB SUPPORT:

- () Lead a day ride
- () Help with Century ride
- () Help with newsletter
- () Hold office
- () Help with publicity
- () Present short program
- () Help with bike rodeo
- () Other _____

PREFERRED RIDE TIMES:

- () Saturday AM
- () Saturday PM
- () Sunday AM
- () Sunday PM
- () Wednesday PM
- () Other _____

RIDING PREFERENCES (CHECK ALL THAT APPLY)

- () Short rides (up to 10 miles)
- () Intermediate rides (10-30 miles)
- () Long rides (over 30 miles)
- () Recreational riding
- () Touring
- () Mountain biking
- () Training/racing

Complete and send this along with a check made out to "Jefferson County Bicycle Club" to:

JoAnne Rueth
1325 Hillside Drive
Jefferson, WI 53549