



**Membership Application**

P.O. Box 290455 Nashville, TN 37229

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

Email \_\_\_\_\_

Type of Membership (check one)

- |  |   |
|--|---|
| <input type="checkbox"/> Lifetime Membership (\$1,000) | <input type="checkbox"/> Senior (\$20 Ind, \$32 Family) |
| <input type="checkbox"/> Lifetime Membership (\$1,500) | <input type="checkbox"/> Family (\$40)                  |
| <input type="checkbox"/> Individual (\$25)             | <input type="checkbox"/> Sponsor (\$250)                |

Membership fees are due on January 1<sup>st</sup> and are fully earned with no refunds applicable. New memberships paid prior to June 1<sup>st</sup> are not pro-rated. Dues paid after June 1<sup>st</sup> are pro-rated. Sponsorships are not pro-rated and advertisement is limited to the website.

As a member of Potenza Cycling Club, I reviewed the bylaws of the club and fully assume all risk and responsibility for all cycling activities. Cycling activities may include riding a bicycle over public roads and parks not closed to the general public. I further assert that I have consulted with a physician and have been granted permission to participate in cycling activities. I will hold harmless Potenza Cycling Club, its members, officers, directors, participants, and volunteers for any damages and/or injuries incurred regardless of the nature of the damages and/or injuries.

As a member of Potenza Cycling Club, I acknowledge that photographs may be taken and I release use of the photographs by its members, officers, directors, participants and volunteers. Use of photographs may include publication on the Internet.

As a member of Potenza Cycling Club, I will wear an approved helmet on all club rides and obey all applicable vehicle laws and follow principles of safe bicycling. I will complete a Member Profile annually and submit it with the application.

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

Spouse \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian if under Age 18 \_\_\_\_\_ Date \_\_\_\_\_



Member Profile

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Cycling Level (Beginning, Average, Advanced) \_\_\_\_\_

Bicycle (s)

Type _____	Type _____
Manufacturer _____	Manufacturer _____
Color _____	Color _____

Cycling Goal (check all that apply)

- \_\_\_\_\_ Maintain/Improve Health & Fitness
- \_\_\_\_\_ Lose weight
- \_\_\_\_\_ Improve distance/speed
- \_\_\_\_\_ Meet new people

Interest in Club Roles (check all that apply)

- |                       |                            |
|-----------------------|----------------------------|
| _____ President       | _____ Ride Leader          |
| _____ Vice President  | _____ Fundraising          |
| _____ Treasurer       | _____ Social Committee     |
| _____ Secretary       | _____ Newsletter Committee |
| _____ Parliamentarian | _____ Safety/Nutrition     |
| _____ Other _____     |                            |

List all relevant experience you bring to the club:

\_\_\_\_\_  
\_\_\_\_\_

Emergency Contacts (Please provide two contacts' names and phone numbers)

1) \_\_\_\_\_

\_\_\_\_\_

2) \_\_\_\_\_

\_\_\_\_\_