

**O**RRVILLE CYCLING CLUB  
**2011 Membership Application**

Please accept my membership in the Orrville Cycling Club. In consideration for membership in the Orrville Cycling Club, I have paid the club for this and further represent that I have no impediments to keep me from riding my bicycle in activities sponsored by the club. I will inspect my bicycle before any such activity to be sure it is in good and safe condition for the activity. I will observe all traffic laws. I understand that the Orrville Cycling Club, its officers, members and sponsors are not responsible for and are not insurers of my safety during any club activity. I thus release them and save them harmless from any and all liability arising from my having sustained any property damage or personal injury by reason of my negligence in participating, sponsoring, planning or arranging of any such activities.

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

\_\_\_\_\_  
Guardian's Name (Print)                      Guardian's Signature                      Date

Name \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Ph. \_\_\_\_\_ Work Ph. \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

e-Mail \_\_\_\_\_ OCC Forum User ID \_\_\_\_\_

**Family members**

Name \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature \_\_\_\_\_

New Member:                      \$25 Single, \$35 Family  
Renewal:                            \$20 Single, \$30 Family  
Renewal *after* March 15:    \$25 Single, \$35 Family.

**Check if Renewal** \_\_\_\_\_ **Amount of Dues** \_\_\_\_\_ **Date Paid** \_\_\_\_\_

Make checks payable to **Orrville Cycling Club** and return signed form with payment to:

Orrville Cycling Club  
425 E. Paradise St.  
Orrville, OH 44667