

KnoxVelo Cycling Club

Membership Form

2010

_____ Team (\$23) _____ Club (\$23) _____ Junior/U23 (no fee)

(Not sure which category you want to be? Check out the "Reimbursement Policy" at www.knoxvelo.org to find out which membership suits you best.)

Name _____ D.O.B. ____/____/____

Address _____ Telephone(s) _____

City _____ State _____ Zip _____

E-mail _____

U.S.A. Cycling License # (if applicable) _____

Main cycling interest(s) – check all that apply:

_____ Road _____ Off-road _____ Triathlon _____ Cyclocross

Your licensed category(s): Road _____

Off-road _____

All members who will be seeking reimbursement for events are required to choose and volunteer their time in a minimum of 3 club-recognized, community activities or sponsored events, as well as choose and actively serve on a committee. If you do not check a committee, you will be assigned one.

_____ Road Race Committee

_____ Mtn. Bike Race Committee

_____ Sponsorship Committee

_____ Community Events Committee

_____ Jr. Development Committee

Signature

Parent/Guardian Signature (if under 18)

A completed Membership Form and a check to "KnoxVelo" should be mailed to:
Jim Wachter, Treasurer
KnoxVelo Bike Club
P.O. Box 31921
Knoxville, TN 37930