



## DUST2 Membership Application

Name(s): \_\_\_\_\_

Name(s): \_\_\_\_\_

Minors' names: \_\_\_\_\_

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

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

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

Email(s): \_\_\_\_\_

Phone #: \_\_\_\_\_

Select One:    Individual \$30                       Family \$50

I would also like to donate \$ \_\_\_\_\_ To Trails/Teams (Circle One)

Mail the application, waiver, and payment to:

DUST2

PO Box 3241

Pagosa Springs, CO 81147

What is your primary biking interest?

Road     Mountain     Both

Would you be interested in volunteer opportunities? Check all that apply:

Trail Work     Help at Races     Highway Cleanup

Hosting a social event     Donating food for races/trail work