

COASTAL BICYCLE TOURING CLUB MEMBERSHIP APPLICATION

MAIL TO: CBTC Secretary, C/O John Arney 28 E 45th Street, Savannah GA 31405

DUES: Make checks payable to CBTC

Current Members

Dues are due 1 January of each calendar year  
Complete a new application each year  
Individual member \$20  
Family member \$25

New Members

Prorated for the month in which you join

	Individual	Family
Jan/Feb/Mar/Apr	\$20	\$25
May/Jun/Jul/Aug	\$15	\$20
Sep/Oct/Nov/Dec	\$10	\$15

PLEASE PRINT CLEARLY

NAME: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SPOUSE (IF FAMILY MEMBERSHIP): \_\_\_\_\_

SPOUSE EMAIL ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_

In consideration of my/our membership, I/We agree not to hold the Coastal Bicycle Touring Club (CBTC) or any of its members liable for any injury or damage, however caused, which may result from my/our participation in any club sponsored event.

I/we have read the above waiver and agree with its contents

SIGNATURE(S): \_\_\_\_\_

\_\_\_\_\_

DATE: \_\_\_\_\_