

COASTAL BICYCLE TOURING CLUB MEMBERSHIP APPLICATION

MAIL TO: CBTC Treasurer, C/O Christine Drisham, 350
DUES: Make checks payable to CBTC

Current and New Members

Dues are due 1 January of each calendar year
Complete a new application each year

Individual member \$20
Family member \$25

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: _____