

SIW Membership Application 2004

New Membership

Renewal

Single \$12.00

Family \$15.00

NAME(S) _____

ADDRESS

CITY _____

PHONE _____ E-Mail _____

The undersigned understands that bicycling upon public roads contains a certain element of danger and that if negligence of the operator or other individuals should occur, then I may be injured. I understand that there are activities of the Southern Indiana Wheelmen where if I am fortunate enough to have no misfortunes occur, I should be able to receive quality bicycling time and positive reward. The Southern Indiana Wheelmen agree to elect responsible officers and make positive to do organized planning of events. I hereby understand that despite their best efforts, I may receive injuries and as a result I am willing to accept the risk of injury in order to participate in those events and I understand that I make no claim against Southern Indiana Wheelmen, and I understand the general risks involved in participating in a bicycling event.

Signed _____ Signed _____ Date _____

Members under 18 must have this signed by a parent or guardian. Mail application with a check payable to Carrie Baker, 1606 Sterling Oaks Drive, Sellersburg, IN 47172.