

WJW MEMBERSHIP APPLICATION

_____ (_____) _____
name phone

street e-mail

city, state, zip age

RELEASE FORM: I understand that the purpose of this club is to promote bicycling in a sound and recreational manner and that this is a not-for-profit organization and the members volunteer to lead rides and organize events. I acknowledge that I am solely responsible for my own personal safety and for observing safe bicycling practices. I acknowledge that it is always possible for an accident to occur and I assume all risks of injury to my person or property that may occur while I am participating in club events. I waive, release, forever discharge and hold harmless to the fullest extent permitted by law, the club, its officers, trustees, members, guests and any other party connected with club events in any way whatsoever from any and all claims of any kind that I, or someone else on my behalf, could assert arising out of my participation in any club event. I certify that I am eighteen years of age or older.
(FAMILY MEMBERS who intend to ride should also sign below.)

Signature(s) _____ Date _____
_____ Date _____

Annual Membership Fee (check one option):

- \$15.00 without paper copy of SPOKE delivered (SPOKE available at www.bikewjw.org) OR
- \$22.00 with paper copy of SPOKE delivered.

Make checks payable to **Western Jersey Wheelmen** and mail check & signed form to: **Henry Kane, 1 Belaire-Village 2, New Hope, PA 18938**



Henry Kane
1 Belaire-Village 2
New Hope, PA 18938
FIRST CLASS MAIL

Western Jersey Wheelmen is a member of:



Visit us online at www.bikewjw.org