



## MEMBERSHIP APPLICATION FORM

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Bike Number:** \_\_\_\_\_

**Class Level:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Emergency Contact Phone:** \_\_\_\_\_

**List any allergies or medical problems** \_\_\_\_\_

\_\_\_\_\_

**Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Bike Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_