



OAK PARK CYCLE CLUB

## MEMBERSHIP APPLICATION

Print out this application and mail it with payment to:

OPCC

P.O. Box 1488

Oak Park, IL 60304

Name: \_\_\_\_\_

Additional Names: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Single \$15       Family \$ 20.00

New member     Renewing member

In signing this release for myself and/or an applicant under the age of 18, I agree to absolve and hold harmless the Oak Park Cycle Club (OPCC), its officers and members, in any way whatsoever, for any injury, harm or loss suffered as a result of any activity associated with the Oak Park Cycle Club. I inspect my bicycle and keep it in reasonably good and safe riding condition for the rides. I consent to and permit emergency treatment in the event of injury or illness. I have an adequate and reasonable knowledge of what is prudent and safe bicycle riding and shall ride in that manner for my own protection and the protection of others. I am aware of and have knowledge of the State of Illinois Bicycle Rules of the Road.

Signature(s): \_\_\_\_\_

Date: \_\_\_\_\_

I would like to assist with:

Leading rides     Website/database     Programs

Membership     Special activities     Other \_\_\_\_\_