

Siouxland Cyclists, Inc. Membership Application

Name: _____
Address: _____
City, State, ZIP: _____
Date: _____
Phone: _____
Email: _____

New Membership Renewal Membership
 *Family (\$20) Individual (\$15)

* Family means dependent children and spouse only!

List *ALL* names below with birthday (*month and day only!*)

Your name: _____
Other names: _____

The Siouxland Cyclists, Inc. assumes no responsibility for personal injury, damaged equipment, theft, or loss taking place on any club ride or other activity. Each member is responsible for obeying all traffic regulations and personal safety while riding. All cyclists ride at their own risk and agree to hold the Siouxland Cyclists, its officers, and ride leaders blameless in case of accident or injury. Any cyclists under the age of 16 must be accompanied by a responsible adult. A parent or guardian must sign for applicant under the age of 18. All applications must be signed and in signing the liability release, the applicant agrees to these conditions. Members are urged to wear helmets when riding. Membership includes all weekly rides, racing, overnight campers, monthly newsletters, annual meeting and RAGBRAI® pass preference. Members' names, addresses, and phone numbers will be included in a club directory unless otherwise indicated on this membership form.

Applicant's Signature

Signature of Parent/Guardian if Applicant is under 18
(Please indicate relationship)

I do not want my information included in the directory.

Print application and fill out.

Please make check payable to Siouxland Cyclists, Inc. and mail to:

Siouxland Cyclists, Inc.
P.O. Box 3142
Sioux City, Iowa 51102-3142