

ILLINOIS VALLEY WHEELM'N MEMBERSHIP APPLICATION

Name #1 _____ Birthdate _____
(Please print clearly)

Name #2 _____ Birthdate _____

Name #3 _____ Birthdate _____

Name #4 _____ Birthdate _____

Email address (print clearly) _____

Address _____

City _____ State _____ Zip+4 _____
Zip+4 look-up website: www.usps.com/zip4

Phone () _____

Signature (Name #1) _____ Date _____
(Parent or guardian if registrant is under 18)

Are you renewing, or is this a new membership? (Check one)

Renewing New

If new, how did you find out about the club?

Are you a LAB member? (Check one)

Yes No

Basic membership:

Individual (\$12) \$ _____

Household (\$15) \$ _____

Voluntary advocacy contribution:

(\$5, \$10, \$15, other) \$ _____

Total enclosed \$ _____

DISCLAIMER: In signing this form, I understand and agree to absolve the officers and members of the Illinois Valley Wheelm'n bicycle club of all blame for any injury, misadventure, harm, loss, or inconvenience suffered as a result of taking part in any activity sponsored or advertised by said organization.

Make check payable to: ILLINOIS VALLEY WHEELM'N, 6518 North Sheridan Rd. Ste. 2, Peoria, IL 61614-2933