

**MICHIANA BICYCLE ASSOCIATION
MEMBERSHIP APPLICATION**

Name: _____

Name: _____

Name: _____

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ E-mail: _____

Membership Year _____

Memberships received after September 1st will be considered good through the end of the following year.

New Member _____ Renewal _____ 70 or Older _____

Membership is \$25 per year for a family (immediate family members living in the same household).

If you are 70 or older membership is free, however you must complete a membership form every year.

May we share your contact information other MBA members? yes___ no___

Name of MBA member who referred you to the MBA: _____

HELMETS ARE MANDATORY ON ALL MBA RIDES

WAIVER MUST BE SIGNED BY ALL ADULT (18 OR OLDER) FAMILY MEMBERS

In signing this form for myself or the named applicant (if he/she is under 18) I agree to absolve all of the organizers, officers, sponsors and members of the Michiana Bicycle Association, be they individuals or organizations, singly or collectively, of all blame for any injury, misadventure, harm/loss or inconvenience suffered as a result of taking part in the scheduled or non-scheduled activities of the Michiana Bicycle Association.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Mail to: Michiana Bicycle Association. P.O. Box 182, Granger, IN 46530