

## Wheeling Wheelmen

## **2025 MEMBERSHIP APPLICATION**

Name:				
Address:				
City, State, Zip:				
Phone: ( )	E-mail:			
Membership type: ☐ Sir	ngle \$20.00	Family \$25.00		
Do NOT share my er	mail information wi	th Ride Illinois		
Wheeling Wheelmen Wai	ver Form:			
In signing this release, I here officers, members, and volument that bicycling is potentially equipment. I understand the safety is my personal rewide wheelmen rides safe. I approve the work of the	nteers in the case of dangerous, and I at I participate in classonsibility, and gree to hold Whee gments and award dunderstand this will dunder the age Wheelmen rides and members are no DVID-19. I voluntary sor any other in ings and events and	of accident, injury, or represent that I are ub activities at my I agree to partiling Wheelmen has that may be claimaged and agree to of 18 that I have and events, or responsible for rilly assume the risinfectious diseased agree to hold har	or damage of any kind. Im a competent cyclis own risk. I further recipate in keeping all armless and indemnify med, including the cos the terms. I further ce legal authorization to I acknowledge tha my possible exposure to k that I may be expo as a result of my p mless the club, its office	I recognize that with safe tognize that all Wheeling by Wheeling at to defend rify that if to do so. In the the two the nove sed to and participation
Applicant's Signature			 Date	
Signatures of other riders, i	f Family Membersh	hip:		
Name	Age:	NI-	A	.ge:
Name		Name		
Name	Age:	Name	A	.ge:

Please **SIGN** application and return with check to Wheeling Wheelmen, P.O. Box 7304, Buffalo Grove, IL 60089-7304. **Due date for renewal is March 1, 2025.**