

Wheeling Wheelmen

2025 MEMBERSHIP APPLICATION

Name:				
Address:				
City, State, Zip:				
Phone: ()	E-mail:			
Membership type: □ S	ingle \$25.00 🗆 F	amily \$30.00		
Do NOT share my	email information with	Ride Illinois		
Wheeling Wheelmen Wa	iver Form:			
In signing this release, I he officers, members, and voluthat bicycling is potentially equipment. I understand the safety is my personal Wheelmen rides safe. I a Wheelmen for all costs, justification with the signing for a minor control participating in Wheeling Wheelmen and its officers coronavirus that causes Confected by the coronavirus in Wheeling Wheelmen out members. I have read and understant	unteers in the case of a dangerous, and I report I participate in club responsibility, and I agree to hold Wheeling address and awards and understand this wait hild under the age of the Wheelmen rides and members are not COVID-19. I voluntarily rus or any other infectings and events and a	accident, injury, of the present that I are present that I are present that I are present that I are present that may be claim over and agree to a 18 that I have and events, responsible for responsible for responsible to the rispections disease agree to hold hare	or damage of any kind a competent cyclown risk. I further recipate in keeping armless and indemoned, including the context the terms. I further a legal authorization I acknowledge the total I may be expassed as a result of my mless the club, its of	d. I recognize that with safe ecognize that all Wheeling ost to defend certify that if to do so. In that Wheeling to the nove cosed to and participation
Applicant's Signature			Date	
Signatures of other riders,	if Family Membership):		
	Age:			Age:
Name		Name		
Name	Age:	Name		Age:

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.**