

## Wheeling Wheelmen

## **2024 MEMBERSHIP APPLICATION**

Name:			
Address:			
City, State, Zip:			
Phone: ( )	E-mail:		
Membership type: ☐ Sir	ngle \$20.00	Family \$25.00	
Membership Agreement:			
include but are not limited steep descents, potholes, tigue, flat tires and motorecreational bicycling and participation in WHEELIN WHEELMEN encourages to WHEELMEN harmless for undersigned freely and volument of the undersigned agrees to members, coordinators, er and all liability for any in participation in the WHEEL and waive all claims for members for all damages if for myself, my heirs and e safe to me and those arou manner that will be complet treatment in the event of injection in the event in the event of injection in the event in the eve	to: traveling on of accident, unexpectorists. The undersigned of the u	Il sport, it also involves risks or crossing heavily traveled in creating the crossing heavily traveled in creating acknowledges that diagrees to assume all reactivities. I acknowledge the mets and agree to save and alting from my failure to varisks of injury, illness, death armless the WHEELING WHEELING from, or in any events. The undersigned furth the WHEELING WHEELING agree to operate my bicycle all the rules of the road, and out. I hereby consent to and port.	roads, winding roads physical exertion father isk inherent in isks associated with that the WHEELING wear a helmet. The or property damage EELMEN, its officers attendees from any way connected with ther agrees to release MEN, its officers and WHEELMEN activity is in a manner that is disconduct myself in a
I have read and understand	I this waiver. I agre	e to be legally bound by it.	
		Date:	
-	f Camily Mambara	aini	
Signatures of other riders, i	•	iip:	
	Age:		Age:
	Age:		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, 2024.**