Hawkeye Bicycle Association

P.O. Box 223
Cedar Rapids, IA 52406-0223

USAC club # 1690

_____

Last Name _____ First Name _____ Middle Initial _____

Mailing Address _____

City _____ State _____ ZIP code _____

( ) - _____
Phone # E-Mail Address if you have one _____

Membership Category

( ) Sustaining: **$35 or more** *(per year)*

( ) Individual **$20** *per year*

( ) Family: **$30** *per year*

First Name of family member _____ Age _____

First Name of family member _____ Age _____

First Name of family member _____ Age _____

First Name of family member _____ Age _____

Please actively support your club by checking one or more of the following:

( ) Membership & Social Activity Support

( ) Ride Leader: ( ) Saturday Ride ( ) Sunday Ride ( ) Weekday Ride

( ) Education: ( ) Training ( ) Bicycle Maintenance

( ) RAGBRAI: ( ) Planning Committee ( )Truck Driver

( ) Special Events Support

( ) Bicycle Racing Team

WAIVER: I do hereby for myself, heirs, executors and administrators waive any and all claims for damages, and cause of action of every nature that I may have or which may hereafter accrue to me against the Hawkeye Bicycle Association and sponsoring agencies during participation in Association events, training or during travel to and from any Association event.

Signature of Applicant: _____ Date ____/____/____
yyyy / mm / dd

Signature of Parent: _____ Date ____/____/____
(Parent or Guardian If applicant is under age 18)