



BERMUDA BICYCLE ASSOCIATION

APPLICATION FOR MEMBERSHIP – 2010

Membership applies for one year from January 1st to December 31st.

I wish to apply for membership in the Bermuda Bicycle Association. In the event that this application is accepted I hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the Bermuda Bicycle Association and its officers or representatives for any and all injuries received while taking part in training, racing or any other activity organized, promoted or sponsored by the Bermuda Bicycle Association. I agree to uphold the good name of cycling and to abide by the rules of the Bermuda Bicycle Association and the Sport. Once of these rules is participation without the use of substances or methods identified in the Bermuda Council for Drug-Free Sport Prohibited Substance List or the IOC "Banned or Restricted Classes and Methods" as updated and amended.

Membership Names (All names required for Family Memberships):

Name	Male/Female	Date of Birth (MM/DD/YY)

Contact Information:

Mailing Address: _____

Telephone (H): _____ (W): _____ (M): _____

Email: _____ / _____

Applicant / Guardian Signature: _____

Membership Category (please circle):

Adult (over age 16 as of 12/31/2010) - **\$25**

Junior (age 16 and under as of 12/31/2010) - **\$10**

Family (household, parents and guardians plus juniors only) - **\$35**

Please return completed application to Membership Secretary, Bermuda Bicycle Association, P.O. Box DV 192, Devonshire, DVBX, or at drop boxes located in *Winners Edge* or *Bicycle Works*.