

# Dayton Cycling Club Membership Application

(Website Form)

Mail to: DCC Membership, c/o Sally Pinnell, 2474 Banyon Drive, Beavercreek, OH 45431-2612

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

### Membership (Check as appropriate)

- New Member  New Address  
 Renewal DCC # \_\_\_\_\_

### Type of membership (Effective 1 May 08)

- \$15 Junior (up to age 18)  
 \$25 Adult (age 18 and over)  
 \$35 Family, includes spouse and dependent children up to age 18

### Newsletter Preference (To reduce Printing/Mailing Costs)

- I would like mailed paper copies of the newsletter  
 I do not want hard copy. I will download newsletter from [www.daytoncyclingclub.org](http://www.daytoncyclingclub.org)

### Family Information

1. Name \_\_\_\_\_ DCC # \_\_\_\_\_ (Date of Birth \_\_\_\_\_ )  
2. Name \_\_\_\_\_ DCC # \_\_\_\_\_ (Date of Birth \_\_\_\_\_ )  
3. Name \_\_\_\_\_ DCC # \_\_\_\_\_ (Date of Birth \_\_\_\_\_ )  
4. Name \_\_\_\_\_ DCC # \_\_\_\_\_ (Date of Birth \_\_\_\_\_ )

All applicants must sign release. Applicants under 18 years of age must have adult sign their release.

### Extras

DCC Patch - \$2 ea Qty:  Medical Info Kit (For Helmet) - \$2 ea (Free to New Members) Qty:   
First class mailing for Spoke'N'Link \$11/yr  (Effective 1 Sep 06)

\$ \_\_\_\_\_ Total enclosed (Make check out to Dayton Cycling Club)

### Volunteer

I would like to volunteer to help support local area cycling:

- Awds Banquet  Newsletter  Social/Picnics  Huffman Spring Classic  
 Wright Wride  Old World  Overnight Tours

Other(specify) \_\_\_\_\_

### Release

I do, hereby, for myself, my family, my heirs, my executors or administrators, release and forever discharge any and all rights and claims, for, or to be, for which I or members of my family may have or which may hereafter accrue to me or my family against the Dayton Cycling Club and/or any other person connected with scheduled club activities, individually or collectively, for all responsibility for injury to Persons during these activities.

1. Signed \_\_\_\_\_ (applicant) Date \_\_\_\_\_  
2. Signed \_\_\_\_\_ (applicant) Date \_\_\_\_\_  
3. Signed \_\_\_\_\_ (Parent/Guardian) Date \_\_\_\_\_  
4. Signed \_\_\_\_\_ (Parent/Guardian) Date \_\_\_\_\_