

WEST GEORGIA FLYERS MEMBERSHIP FORM

MEMBER INFORMATION

Name:

Date of birth:

Home #:

Cell #:

Current address:

City:

State, Zip:

Today's Date:

Email:

Cycling Preference (circle):
Road/Mountain/Triathlete/Leisure

YES, add me to Club Email List ____

NO, DO NOT add me to Club Email List ____

YES, add me to Club Directory ____

NO, DO NOT add me to Club Directory ____

GOALS FOR CLUB/INTERESTS

Please give us a little feedback on what you would like to gain from club membership or what you would like to bring to the club. Please circle all that apply. The last 4 boxes are for your suggestions...

Group Riding/Skills

Fitness

Community Advocacy

Competitive Cycling

Social Networking

Weekend Rides

Weekday Rides

Beginner Rides

Centuries

Ride Host/Leader

Website Maintenance

Serve as an Officer

Club Photographer

Newsletter Writing

Event Fundraising

Event Volunteer and/or Coordinator

Other

Other

Other

Other

EMERGENCY CONTACT (WHO DO YOU WANT US TO CALL IF NECESSARY)

Name:

Relationship:

Home#:

Cell #:

SPOUSE INFORMATION IF JOINT MEMBERSHIP

Name:

Date of birth:

Anniversary Date:

Cell #:

CHILDREN IF FAMILY MEMBERSHIP DESIRED

Name(s) & Age(s):

Name(s) & Age(s) continued:

Desired Riding (Road/MTB/Tri/Other)

Signature for Waiver in File:

MEMBERSHIP

New Member Membership ____

Renewal Membership ____

Individual: \$20

Family: \$30

Individual: \$20

Family: \$30

BENEFITS

Golden's Bicycle Shop - 10% off cycling accessories.

Supplemental Insurance coverage thru the West Georgia Flyers participation in the League of American Bicyclist: Paid members are covered up to \$10,000 per person per accident with a \$500 deductible at **CLUB RIDES***. Accidental Death and Disability coverage of \$5,000 is also provided. **Club Ride is described as a ride hosted by the WGF or Paid Member of WGF.*

Monthly Newsletter: via email, *A Pedaler's Life.*