



PARTICIPANT / MEMBERSHIP INFORMATION

NAME: _____
SPOUSE: _____

OCCUPATION: _____

EMAIL:
PRIMARY: _____
SECONDARY: _____

PHONE:
HOME: _____
WORK: _____
CELL: _____

DATE OF BIRTH (year optional): _____

CYCLING EXPERIENCE: (CHECK ONE)

- BEGINNER:
 INTERMEDIATE:
 ADVANCED:

BIKE STYLE: _____
MANUFACTURE: _____

TYPE OF BIKE YOU CURRENTLY RIDE? _____

WHAT GIFTS & TALENTS WOULD YOU LIKE TO SHARE WITH THE CLUB?

WHAT AREA OF THE CLUB WOULD YOU LIKE TO PARTICIPATE?

- MEMBERSHIP: _____
 SOCIAL: _____
 TEAM EVENTS: _____
 RIDE LEADER: _____
 TRAINING & NUTRITION: _____
 NEWS & PUBLIC RELATIONS: _____
 I JUST WANT TO RIDE: _____

WHAT ARE YOUR EXPECTATIONS FROM THE CLUB?

HOW OFTEN TO YOU HOPE TO RIDE?

- ONCE A WEEK TWICE A WEEK THREE TIMES A WEEK MORE