



HIAWATHA BICYCLING CLUB

P O Box 24920 Minneapolis, MN 55424-0920

MEMBERSHIP APPLICATION

Please complete the form below to join the Hiawatha Bicycling Club. List all members of your household (including minors) who will ride with HBC. All persons listed must sign the attached Release of Liability form.

New Membership **Renewal**
Individual \$25 **Household \$35**

	NAME (Print Clearly)	Birth Year*	Sex
1)	_____	_____	M F
2)	_____	_____	M F
3)	_____	_____	M F
4)	_____	_____	M F

Street _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

E-Mail Address _____

Emergency Contact Name: _____ Phone _____

Spoke-N-Wheel Newsletter should be: **E-Mailed** **Snail Mailed**
(If E-Mailed, can be to more than one e-mail address)

Please send me an invitation to join E-Groups: **Yes,** **No**
(Inter-club communication – NO SPAM)

- Birth Year is an insurance requirement. Please don't make us guess your age.

Make your check payable to: **Hiawatha Bicycling Club, or HBC**
Include this application form and the check, and **SIGNED AND DATED**
Release of Liability form, and mail to: **P O Box 24920 Minneapolis, MN 55424-0920**

Questions? Contact HBC Membership at: membership@hiawathabike.org
Or, Haggith Nadav @ 651-994-1265