



# essex county velo

P.O. BOX 5534 Beverly Farms, MA 01915

2012 Membership Form  
New  Renewal   
Annual Membership Fees :  
Individual (\$30)   
Family (\$50)

Name:

Address:

Town/City:  State:  ZIP:

Phone (home) \_\_\_\_\_ Date of Birth \_\_\_\_\_

email:

ECV programs you've taken part in (check all that apply):  
Cross Race  Tour de EC  Annual Bash  Shop Rides  Kids Races  Time Trial  Cross Practice

If doing Benefit Rides, please list ride(s) you are planning on doing \_\_\_\_\_

How did you find out about ECV? Friend:  Bike Shop  ECV Website

See jerseys while riding around  See at Races

Other (please specify): \_\_\_\_\_

If you have a USAC or NORBA racing license, please complete the following :

Road Category \_\_\_\_\_ Cyclocross Category \_\_\_\_\_ NORBA Category \_\_\_\_\_

License # \_\_\_\_\_

Club name listed on License \_\_\_\_\_

Please read and sign the following :

I am aware that bicycle riding/racing can be a hazardous sport. I acknowledge the risk inherent in riding/racing and hereby release Essex County Velo (ECV), its members, officers, officials, sponsors and municipalities and their officials in which programs and/or events occur, of any and all injuries, illnesses, damages or other losses which may result from activities conducted and/or promoted by Essex County Velo.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian if under age 18

ECV really appreciates your help! I would like to volunteer at (check all that apply):

ECV Time Trial Series, Wednesday nights \_\_\_\_\_

Kid's Races \_\_\_\_\_ Trail Maintenance \_\_\_\_\_

ECV Cyclocross Race \_\_\_\_\_ ECV Annual Party \_\_\_\_\_

Please make the check payable to Essex County Velo (ECV) and mail along with this form to the address above.

