



## Application

*Mail to:*

Arkansas Bicycle Club  
P.O. Box 250817  
Little Rock, AR 72225-0817

Please join at our secure website [www.arkansasbicycleclub.org](http://www.arkansasbicycleclub.org) for a 1-year membership. You may also mail in your application.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State ZIP: \_\_\_\_\_

Phone(s): (     ) \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Check one class below

- 1 year . . . . . \$15
- 2 years . . . . . \$29

In joining the Arkansas Bicycle Club, I, for myself and my executors, administrators and assigns, do hereby release and discharge the Arkansas Bicycle Club, and all sponsoring organizations and their agents from all claims or damages, actions and causes of actions whatsoever, in any manner arising or growing from my participation in any event. I agree to wear a bicycle helmet at all times and abide by the rules of the road.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*