

# Mohawk-Hudson Cycling Club MEMBERSHIP APPLICATION

(Please print and use a separate form for each applicant.)

Name \_\_\_\_\_

Address/Apt No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Nine Digit Zip Code \_\_\_\_\_ - \_\_\_\_\_

Phone No. (\_\_\_\_): \_\_\_\_\_ - \_\_\_\_\_ E-mail Address \_\_\_\_\_

TYPE OF MEMBERSHIP DESIRED (check one)

\_\_\_\_\_ Individual (\$17.00) includes subscription to club newsletter

\_\_\_\_\_ Subsequent member of same household (\$3.00)

If subsequent member, print name of first member \_\_\_\_\_

**LEGAL RELEASE: Each applicant must read and sign this release.**

**I am an applicant for membership in the Mohawk-Hudson Cycling Club and hereby release said Mohawk-Hudson Cycling Club, its Officers, Directors, Ride Leaders, and Members from any and all responsibility for injury or physical incapacitation of any kind suffered by myself or any member of my family during the conduct of any Mohawk-Hudson Cycling Club sponsored activity. I acknowledge that there are certain risks involved in bicycling and I voluntarily accept those risks.**

This release is effective for all time beginning today's date. Date \_\_\_\_\_

Signature of applicant \_\_\_\_\_

If applicant is under 18, this release must be also be signed by the parent or guardian.

Signature of legal parent or guardian \_\_\_\_\_

Make check payable to Mohawk-Hudson Cycling Club and mail application and payment to:

Betty Lou Bailey  
MHCC Membership Chair  
4029 Georgetown Square  
Schenectady, NY 12303

Date received (Office use only): \_\_\_\_\_