



Membership Application

date: _____

Return to:
Colin Cunningham
c/o MCCC
328 South 61st Street
West Des Moines, IA, 50266-8613

Name: _____

Address: _____

City /State / Zip: _____

Phone #: (_____) _____ Birthday: _____

e-mail address(s); _____

Type of Membership:

Single (\$10.00) _____

Family (\$15.00) _____

In consideration of the Madison County Cycle Club's acceptance of my membership, I hereby, for myself, my heirs, executors, administrators and assigns waive any and all rights and claims for damages to any person or property, and or loss of service I may have against Madison County Cycle Club, its directors, officers, agents and representatives, and individuals associated with events participated in by the club. I attest and verify that I have full knowledge of the risks involved with participating in events organized by Madison County Cycle Club, and I am physically fit and sufficiently trained to participate in these events.

I, as parent or guardian of the named minors):

1. _____

2. _____

3. _____

Hereby give my permission and consent voluntarily and freely for my children to participate with the Madison County Cycle Club. I further agree individually and on behalf of my children to the printed terms after fully reading the terms.

Membership received on or before August 1, of the calendar year will extend thought Dec. 31 of that year.
Membership received after August 1 of this calendar year will extend thought Dec. 31 of the following year.

Signature: _____ Signature: _____