

**Mountain State Wheelers Membership Application**  
**Effective 1/1/22 and good until further notice**

www.mountainstatewheelers.org

Fill out the form completely and mail check with the appropriate amount to:

Mountain State Wheelers  
Membership Application  
P.O. Box 8161  
South Charleston WV 25303

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY, STATE, ZIP CODE:** \_\_\_\_\_

**EMAIL ADDRESS\*** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_

\*Not required if email notifications are not wanted, but primary communication in the club is through email. Note that the Mountain State Wheelers Bicycle Club does not share or sell its membership list with any outside individuals or organizations.

**PREFERRED BIKING CATEGORY (see below):**

**(A) Advanced** \_\_\_\_\_ **(B) Intermediate** \_\_\_\_\_ **(C) Beginner** \_\_\_\_\_

(*Beginner rides*: for almost all riders, 5 to 20 miles on any type of bicycle with gentle terrain; average 6-10 mph. *Intermediate rides*: for average riders who ride regularly; 15 to 25 miles over moderate terrain; no long steep hills; average 10-14 mph. *Advanced rides*: For riders in good cycling shape; expect routine to hard riding; challenging terrain; 25-75 miles; average 14-18 mph).

**MEMBERSHIP TYPE: Household (\$20.00)** \_\_\_\_\_

(Make checks payable to Mountain State Wheelers, or use PayPal through the club website)

By signing below, you agree to the following:

1. That you are in proper physical condition to participate in cycling activities;
2. That you understand bicycling involves risks, including the possibility of serious bodily injury, and that you assume all responsibility for any costs or damages that could occur as a result of cycling in a group activity;
3. That the officers, members, or sponsors of the Mountain State Wheelers Bicycle Club, Inc. will be held harmless from any misfortune arising from participation in any activity sponsored by Mountain State Wheelers, Inc.

**NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_

(2)

Please list any additional family members below.

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_