

COASTAL BICYCLE TOURING CLUB MEMBERSHIP APPLICATION

MAIL TO: CBTC Membership Director, C/O Margie Robichaux, 19 Sugar Cane Drive, Savannah, GA 31419

DUES: Make checks payable to "CBTC"

PRINT CLEARLY:

Current Members	
Dues are due January 1 st . Complete a new application each year and include your payment as follows:	
New _____	Individual Member \$20
Renewal _____	Family Member \$25

New Member		
Dues are prorated for the month in which you join:		
	<u>Individual</u>	<u>Family</u>
Jan – Apr	\$20	\$25
May - Aug	\$15	\$205
Sep - Dec	\$10	\$15

Name: _____

Email address: _____

Spouse (if family membership): _____

Spouse (if family membership) Email address: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____

Please Read: In consideration of my/our membership, I/we agree not to hold the Coastal Bicycle Touring Club (CBTC) nor any of its members, liable for any injury or damage, however caused, which may result from my/our participation in any club sponsored event.

Signature: _____ **Date of payment:** _____