

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"

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

New Members		
Dues are prorated for the month in which you join.		
	Individual	Family
Jan/Feb/Mar/Apr	\$20	\$25
May/Jun/Jul/Aug	\$15	\$20
Sep/Oct/Nov/Dec	\$10	\$15

PLEASE PRINT CLEARLY:

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:** _____