

MOUNT
BAKER

MOUNT BAKER BICYCLE CLUB MEMBERSHIP FORM



New Member Renewing Member This is a change of address

Last name: _____ First name: _____

Address: _____

City: _____ State: _____ Postal Code: _____

E-mail: _____

Contact telephone number: _____

Associate member: _____

(An associate member is a member living at the same address as the individual member)

*Thank you for your
membership, and
welcome to the club!*

Choose your membership type:

Individual: \$15 _____

Family/Associate: \$25 _____

Additional Donation: _____

(donations support bike safety education)

Total enclosed: US \$ _____

Please enclose a check payable to:

Mt. Baker Bicycle Club

(There will be a fee for all returned checks.)

*Print this form, fill it out and mail
along with a check to:*

**Mt. Baker Bicycle Club
Post Office Box 2702
Bellingham, Washington 98227**

Would you like to help? Volunteers are our most valuable resource.

Please check any of the boxes that appeal to you and we will be in touch:

Ride Leader Newsletter Board Member

Bike to Work and School Day Chuckanut Century

Special Events Website Maintenance Education

I can provide discounts on _____