



Membership Application
CIBC
Channel Islands Bicycle Club
P.O. Box 6481
Oxnard, California 93031-6481



Annual Dues: Individual - \$20
2 Year Dues: Individual - \$40

Family (two or more, same residence) - \$25
2 Year Family (two or more, same residence) - \$50

New Member Name(s)

Birthdates

1. _____
 2. _____
 3. _____
 4. _____

Address of Members (Please Print):

Number, Street & Apt No. _____

City _____ State _____ Zip _____

Home Phone. _____ Cell Phone _____ Work Phone _____

E-mail . _____

What Channel Islands Bike Club Member or Bike Shop motivated you to join CIBC?
 Please list Name.

To conserve costs, the Chain Chatter is e-mailed to all members in PDF format, unless you request it by mail. *Please send my copy by mail.*

To conserve costs, the Club Directory is e-mailed to all members in PDF format, unless you request it by mail. *Please send my copy by mail.*

In the Club Directory that is published each year, (Sent only to Members) Please DO NOT list my:
 Address Home Phone E-Mail Address Cell Phone Work Phone

I acknowledge that cycling is an inherently dangerous sport in which I participate at my own risk and that the CIBC is a non-profit corporation formed to advance the sport of cycling, the efforts of which directly benefit me. In consideration of this agreement of the CIBC to accept me as a member, hereby on behalf of myself, my heirs, assigns and personal representatives, I release and forever discharge the CIBC, its employees, officers, directors, agents, members, sponsors, promoters and affiliates from any and all liability, claim, loss, cost or expense, and waive and promise not to sue on any such claims against any such person or organization arising directly or indirectly from or attributable in any legal way to any negligence, action or omission to act of any such person or organization in connection with sponsorship, organization or execution of any bicycling ride, event or race, including travel to and from such event, in which I may participate as a rider, club member or spectator.

Signature(s) of Applicant(s) - If under 18 years of age, signature must be that of parent or guardian

_____ Date: _____

_____ Date: _____

Make your check/money order payable to CIBC.
Mail to: CIBC Membership, P.O. Box 6481, Oxnard, CA 93031-6481