



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



**Annual Dues: Individual - \$20**

**Family (two or more, same residence) - \$25**

**2-Year Dues: Individual - \$40**

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

**New Member Name(s)**

**Date of birth**

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

**Address of Members (Please Print):**

Number, Street & Apt No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone. \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Who motivated you to join CIBC? Please list the bike shop or Channel Islands Bike club member's name  
 \_\_\_\_\_

**In the Club Directory that is published twice/year (sent only to members), please DO NOT list my:**

Address     Home Phone     E-Mail Address     Cell Phone    |     Work Phone

To conserve costs, the Chain Chatter is e-mailed to members in PDF format unless you request it by mail.  
 Send newsletter by e-mail  or regular mail  or do not send monthly Newsletter

To conserve costs, the bi-annual roster is e-mailed to members in PDF format unless you request it by regular mail.  
 Send club roster by e-mail  or regular mail  or do not send the club roster

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**