

Invite your friends, relatives, and acquaintances to join

Rainbow Cyclists Bicycle Club



Rainbow Cyclists Membership Application

Name (Adult): _____ Age: ____ Name: _____ Age: ____

Name (Adult): _____ Age: ____ Name: _____ Age: ____

Name: _____ Age: ____ Email Address: _____

Street Address: _____ City: _____ State: ____ Zip: _____

Home Phone () _____ - _____ Work Phone () _____ - _____

BICYCLING INTERESTS (Check all that apply):

Tours RAGBRAI® Recreational Tandem Self-contained Fitness Repair

Other: _____ I WOULD LIKE TO HELP WITH: _____

NEW MEMBERS, PLEASE EXPLAIN HOW YOU LEARNED ABOUT RAINBOW CYCLISTS:

All adult applicants must sign below; all persons under age 18 must be included in a family application, signed by a parent or guardian. The undersigned, for myself and all persons under 18 listed above, in consideration of the privilege of participating in events and activities organized or sponsored by RAINBOW CYCLISTS CLUB, INC., hereby agree not to sue RAINBOW CYCLISTS BICYCLE CLUB, INC., it's officers or agents and hereby waive all claims for damage which may be incurred by me and/or my children arising out of such activities or events of RAINBOW CYCLISTS BICYCLE CLUB, INC.

Please Check One New Renew

1-Year Membership
 Single (\$15) Family (\$20)

2-Year Membership
 Single (\$25) Family (\$35)

3-Year Membership
 Single (\$40) Family (\$50)

SIGNED: _____
(Adult applicant or parent/guardian)

SIGNED: _____
(Adult applicant or parent/guardian)

Mail your signed application with check payable to:

RAINBOW CYCLISTS
P.O. Box 2463
Waterloo, Iowa 50704

- Only one address per application
- Maximum of two adults per family membership
- Inform RAINBOW of any address/membership changes in writing
- For more information go to www.rainbowcyclistsofiowa.org

FOR CLUB USE ONLY: No: ____ IN: ____ EX: ____ Date: ____ Dues: ____ Check: ____ Cash: ____

Members outside the continental U.S., please add \$5 per year for postage