

Apply online at
austinridgeriders.com



Membership Application

Name(s): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

(e-mail is our preferred form of communicating with members)

Phone: _____

Do you want your contact information given out to other club members? Yes ____ No ____

(Note: in either case, we would not make this information available to anyone outside the club)

Riding Ability: Beginner ____ Intermediate ____ Advanced ____

Do you want to be included on a club rider list based on your riding ability? Yes ____ No ____

What club activities are you interested in?

Trail Maintenance _____ Trail Steward _____ Ride Leader _____

Racing _____ Race Volunteer _____ Event Planning Committee _____

Membership Category: \$15 Individual Membership ____ \$25 Family Membership ____

T-Shirt size: M ____ L ____ XL ____ XXL ____ (Pick up at meeting)

(one t-shirt per individual membership, 2 for family membership, additional t-shirts \$10.00 each)

Please read and sign: In submitting this application, I hereby make known that I will hold blameless in the case of accident, injury, or damage of any kind, the Austin Ridge Riders, its officers, members and volunteers. I recognize that bicycling is potentially dangerous and I represent that I am a competent cyclist with safe equipment. I understand that I ride at my own risk. I further recognize that safety is my personal responsibility and I agree to participate in keeping all ARR rides safe. I am aware of club policy that requires helmets to be worn at all times when riding on ARR rides.

Signature(s): _____

Date: _____

Please send your check made out to the Austin Ridge Riders and the completed application to:

Austin Ridge Riders
P.O. Box 300014
Austin, TX 78703-0014