

ILLINOIS VALLEY WHEELM'N MEMBERSHIP APPLICATION

Name #1 _____ Birthdate _____
 (Please print clearly – this must be an adult)

Name #2 _____ Birthdate _____

Name #3 _____ Birthdate _____

Name #4 _____ Birthdate _____

E-Mail Address (print clearly) _____

Address _____

City _____ State _____ Zip _____

Phone () _____ - _____ (home/cell)

Signature #1 _____ Signature #2 _____

Signature #3 _____ Signature #4 _____

Date signature lines were filled out _____

Disclaimer In consideration of membership in the Illinois Valley Wheelm'n (IVW) I attest and verify that I am eighteen (18) years of age or older, physically fit and sufficiently trained to participate in all activities associated with the IVW. My participation in activities and events organized by the IVW is voluntary. I assume all the risks associated with my participation in activities and events organized or sponsored by the IVW, including injuries or illness to person and damage or loss to property. For any injury, illness, property damage or loss suffered or sustained by me which is in any way associated with my participation in, travel to and from, or other activity associated with the IVW, I do hereby, for myself, my heirs, my administrators and executors, for ever waive, release and discharge any and all rights and claims for any expenses, damages or other losses which I may have or which may hereinafter accrue, against the IVW, members, sponsors and organizations or their respective representatives, officers, directors, employees, agents, successors, and assigns. I agree to abide by the participant rules adopted from time to time by the IVW. In the event that I am unable to do so on my own because of an injury, I consent to administration of first aid and other medical treatment in the event of injury and agree to pay the costs of such treatment. I hereby state that I have read and understand the above stated information. PARENT or GUARDIAN of a Minor: I as parent or guardian of the below named minor, hereby give my permission for my child or ward to participate, and further agree, individually and on behalf of my child or ward, to the terms of the above.

***IVW communications will be sent electronically unless other arrangements have been made**

***All non-lifetime IVW memberships renew yearly on January 1st – all new/current members must renew at this time to stay current in database**

***Save time & be green by registering online at www.signmeup.com/G22V3K7**

***Make check payable to: Illinois Valley Wheelm'n, mail to Illinois Valley Wheelm'n, PO Box 9129, Peoria, IL 61612.**

Are you a new or renewing member?
 New _____ Renewing _____

If you are a new member, how did you find out about our club?

Are you a member of the:
 League of American Bicyclists (LAB)
 Yes _____ No _____
 Ride Illinois (former LIB)
 Yes _____ No _____

Are you interested in riding in Peoria's Santa Claus Parade? (day after Thanksgiving)
 Yes _____ No _____

12 month membership effective 1/1

Individual (\$15.00) \$ _____

Household (\$20.00) \$ _____

½ season membership if joining after 7/31

Individual (\$10.00) \$ _____

Household (\$15.00) \$ _____

Lifetime (\$250) \$ _____

Voluntary advocacy contribution

\$ _____

Total Enclosed \$ _____