

## 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: \_\_\_\_\_

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 of the risks associated with my participation in all 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 herein 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 or current members must renew at this time to stay current in the database.**

**\*Make check payable 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 the club?

Are you a member of the:

League of American Bicyclists: yes/no

Ride Illinois (formerly LIB): yes/no

Are you interested in riding Peoria's Santa Clause Parade? (day after Thanksgiving)

yes: \_\_\_\_\_ no: \_\_\_\_\_

Are you interested in volunteering to help with the No Baloney ride?

yes: \_\_\_\_\_ no: \_\_\_\_\_

### 12 month membership effective Jan 1

Individual (\$15) \$ \_\_\_\_\_

Household (\$20) \$ \_\_\_\_\_

### half season membership if joining after July 31

Individual (\$10) \$ \_\_\_\_\_

Household (\$15) \$ \_\_\_\_\_

Lifetime membership (\$250) \_\_\_\_\_

Total Enclosed: \$ \_\_\_\_\_