



Ridge Riders Bicycle Club
PO Box 635
Wellsboro, PA 16901
www.ticoridgeriders.com

MEMBERSHIP APPLICATION

First Name: _____ Last Name: _____

Phone Number: _____ Email Address: _____

Street Address: _____

City, State, and Zip: _____

Were you referred by a club member? Y / N Member Name: _____

Membership Year: _____

Please check once in each box

New member
Renewal

Family - \$25.00
Names: _____
Adult - \$15.00
Student - \$10.00

Please make checks payable to:
Ridge Riders Bicycle Club

Please circle any of the following committees you may be interested in: (not mandatory)

Rides & Planning

Social & Fundraising

Trail Maintenance

Law & Government

Public Relations & Recruitment

RRBC WAIVER

I am completely aware of the hazards that are involved in bicycling and I will cycle with the Ridge Riders Bicycle Club entirely at my own risk. I will not hold the club, its officers, members, or sponsors responsible for accidents resulting in injury, death, damage to bicycles or property. I will assume complete responsibility for minors whom I may bring to a scheduled ride. This waiver pertains equally to traveling to and from the starting point of any ride.

Signature

Date

Parent/Guardian Signature if under 18

RRBC is an IMBA-Affiliated Club

